

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90693 036 \*\*\*\*61.25

DOCUMENT # **N97 000002812**

1. Entity Name

**LAKEVIEW III at Carlton Lakes, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Advanced Property Mgmt Service**

3. Mailing Address

**Advanced Property Mgmt Service**

Suite, Apt. #, **37 Mentor Drive**

Suite, Apt. #, **37 Mentor Drive**

City & State **Naples FL 34110**

City & State **Naples FL 34110**

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SUSAN L. THOMPSON**

Street Address, P.O. Box Number (if Not Acceptable)  
**Advanced Property Mgmt Service**

**37 Mentor Drive**

City **Naples FL 34110**

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

**Susan L. Thompson** **SUSAN L. THOMPSON**

**4/30/02**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**IFEE IS \$61.25**

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**THOMAS ASHMORE**  
**5025 CEDAR SPRINGS DR. #102**  
**NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**STELLA MALEY**  
**5035 CEDAR SPRINGS DR. #101**  
**NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**TRACY ELLEN SCHULTE**  
**5025 CEDAR SPRINGS DR. #203**  
**NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**WILLIAM SIMPSON**  
**5035 CEDAR SPRINGS DR. #103**  
**NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D**  
**STEVE PEARL**  
**5015 CEDAR SPRINGS DR. #202**  
**NAPLES, FL 34110**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

**Stella Maley** **STELLA MALEY**

**4/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)