FILED
Jun 30, 2003 8:00 am
Secretary of State
04-28-2003 90141 024 ****61.25

4/28/

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002812

1. Entity Name
LAKEVIEW III AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ADVANCED PROPERTY MGMT SERVICE 37 MENTOR DRIVE NAPLES FL 34110	ADVANCED PROPERTY MGMT SERVICE 37 MENTOR DRIVE NAPLES FL 34110

J3U3U623

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Advanced Property Management Service, Inc.	Advanced Property Management Service, Inc.
3350 Woods Edge Circle, Ste 104	3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134	Bonita Springs, FL 34134
Zip / Country	Zip / Country

4. FEI Number 65-0810690 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SERVICE 37 MENTOR DR NAPLES FL 34110	Advanced Property Management Service, Inc. Street Address (P.O. Box Number is Not Acceptable) 3350 Woods Edge Circle, Ste 104 Bonita Springs, FL 34134 City 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Susan L Thompson 6-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $81.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASHMORE, THOMAS 5025 CEDAR SPRINGS DR # 102 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Ashmore, Thomas 5025 Cedar Springs Dr #102 PD Naples, FL 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALEY, STELLA 5035 CEDAR SPRINGS DR # 101 NAPLES FL 34110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHULTE, TRACY ELLEN 5025 CEDAR SPRINGS DR # 203 NAPLES FL 34110	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMPSON, WILLIAM 5035 CEDAR SPRINGS DR # 103 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer D S/T Simpson, William 5035 Cedar Springs Dr #103 Naples, FL 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARL, STEVE 5015 CEDAR SPRINGS DR # 202 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President D VP Pearl, Steve 5015 Cedar Springs Dr. #202 Naples, FL 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas E Ashmore THOMAS ASHMORE 4-22-03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #