

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90048 035 \*\*\*\*61.25

**DOCUMENT # N97000002828**

1. Entity Name

**LAKEVIEW IV AT CARLTON LAKES CONDOMINIUM ASSOCIA**

Principal Place of Business

2405 PIPER BLVD.  
 NAPLES FL 34110

Mailing Address

GPM  
 2338 IMMOKALEE RD #109  
 NAPLES FL 34110

2. Principal Place of Business

*Advanced Property Management*

3. Mailing Address

*Advanced Property Management*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*37 Mentor Dr.*

*37 Mentor Dr*

City & State

City & State

*Naples FL*

*Naples FL*

Zip

Zip

*34110*

*34110*

Country

Country

*Collier*

*Collier*

6. Name and Address of Current Registered Agent

SWALM & MURRELL, P.A.  
 GPM  
 11814 SUNRAY DRIVE  
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

*Advanced Property Management*

Street Address (P.O. Box Number is Not Acceptable)  
*37 Mentor Dr*

City

*Naples*

**FL**

Zip Code  
*34110*

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

*Rancy Skibler*

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

(NOTE: Registered Agent signature required when reinstating)

*4/5/01*

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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 ☐ Delete  
 NAME PD  
 STREET ADDRESS MILARCIK, DON SR  
 CITY-ST-ZIP 5010 CEDAR SPRINGS DR #202  
 NAPLES FL 34110

TITLE ☐ Delete  
 NAME VPD  
 STREET ADDRESS DENNO, BILL  
 CITY-ST-ZIP 5020 CEDAR SPRINGS DR #204  
 NAPLES FL 34110

TITLE ☒ Delete  
 NAME STD  
 STREET ADDRESS HEINEMAN, MR  
 CITY-ST-ZIP 5030 CEDAR SPRINGS DRIVE #201  
 NAPLES FL 34110

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME TD  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME PD  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME V.P.D. 103  
 STREET ADDRESS Ballard Moore  
 CITY-ST-ZIP 5030 Cedar Springs Dr. #101  
 Naples, FL 34110

TITLE ☐ Change ☒ Addition  
 NAME SD  
 STREET ADDRESS Bonnie Brennan  
 CITY-ST-ZIP 5030 Cedar Springs Dr. #102  
 Naples, FL 34110

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS Michael Gulliani  
 CITY-ST-ZIP 5030 Cedar Springs Dr. #203  
 Naples, FL 34110

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Donald R. Murrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04-05-01*

Date

Daytime Phone #

CR2E037 (10/00)