

**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

Mailing Address

2405 PIPER BLVD.  
 NAPLES FL 34110

GPM  
 2338 IMMOKALEE RD #109  
 NAPLES FL 34110

00030000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*Advanced Property Management*  
 Suite, Apt. #, etc.

*Management*  
 Suite, Apt. #, etc.

*37 Mentor Dr.*

*37 Mentor Dr*

City & State  
*Naples FL*

City & State  
*Naples FL*

4. FEI Number **65-0810694**

Applied For  
 Not Applicable

Zip  
*34110*

Country  
*Collier*

Zip  
*34110*

Country  
*Collier*

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

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

Name *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 *Nancy Skibler*

*4/5/01*

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE *TD*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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

TITLE *PD*  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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*

*04-05-01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)