

2000 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED

Jun 05, 2000 8:00 am
Secretary of State

05-10-2000 90122 020 ****61.25

DOCUMENT # N98000000428

1. Entity Name

LAKEVIEW V AT CARLTON LAKES CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

2405 PIPER BLVD.
NAPLES FL 34110

2405 PIPER BLVD.
NAPLES FL 34110-1387

2. Principal Place of Business

3. Mailing Address

GPM

Suite, Apt. #, etc.

2338 Immokalee Rd. #109

City & State

Naples, FL

Zip

34110

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0810686

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

Name

GPM

Street Address (P.O. Box Number is Not Acceptable)

1314 Sunny Dr.

City

Bonita Springs

FL

Zip Code

34135

SWALM & MURRELL, P.A.

2375 TAMiami TRAIL-N., STE. 308

NAPLES FL 33940

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

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	D	Delete
NAME	CLAUSSEN, CHRISTOPHER G	
STREET ADDRESS	2405 PIPER BLVD.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	Delete
NAME	CLAUSSEN, ROBERT G	
STREET ADDRESS	2405 PIPER BLVD.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	Delete
NAME	STERLING, JACK	
STREET ADDRESS	2405 PIPER BLVD.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	Change	Addition
NAME	David Kahn		
STREET ADDRESS	5125 Cedar Springs Dr. #103		
CITY-ST-ZIP	Naples, FL 34110		
TITLE	D	Change	Addition
NAME	VP Richard Annunziata		
STREET ADDRESS	5135 Cedar Springs Dr. #101		
CITY-ST-ZIP	Naples, FL 34110		
TITLE	D	Change	Addition
NAME	S Raymond Valentine		
STREET ADDRESS	5125 Cedar Springs Dr. #104		
CITY-ST-ZIP	Naples, FL 34110		
TITLE	D	Change	Addition
NAME	Marie Bonomo		
STREET ADDRESS	5125 Cedar Springs Dr. #101		
CITY-ST-ZIP	Naples, FL 34110		
TITLE	D	Change	Addition
NAME	Susan Bell		
STREET ADDRESS	5105 Cedar Springs Dr. #102		
CITY-ST-ZIP	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

Daytime Phone #

CR2E037 (9/99)