

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 013 ****61.25

DOCUMENT # N98000000428
1. Entity Name
LAKEVIEW AT CARTON LAKES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Advanced Property Mgmt Service 37 Mentor Drive Naples FL 34110		3. Mailing Address Advanced Property Mgmt Service 37 Mentor Drive Naples FL 34110	
City & State	Zip	City & State	Zip
Naples FL	34110	Naples FL	34110
Country		Country	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0810686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent Name: SUSAN L. THOMPSON Street: Advanced Property Mgmt Service 37 Mentor Drive Naples FL 34110 City: Naples FL Zip Code: 34110	
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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 reinstating) DATE

FEE 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 VICTORIA CZARNIK 5115 CEDAR SPRINGS DR. #104 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUSAN BELL 5105 CEDAR SPRINGS DR. 102 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND VALENTINE 5125 CEDAR SPRINGS DR. #104 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIE BONOMO 5125 CEDAR SPRINGS DR. #101 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSCOE PORTER 5115 CEDAR SPRINGS DR. #102 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Victoria L. Czarnek 4-30-02 598-3402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)