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

FILED
May 19, 2003 8:00 am
Secretary of State
04-28-2003 90273 031 ****61.25

DOCUMENT # N98000000428

1. Entity Name
LAKEVIEW V 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

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Advanced Property Management Service, Inc. Street Address, Suite No., etc. 3350 Woods Edge Circle, Ste 104 City & State Bonita Springs, FL 34134 Zip / Country	Advanced Property Management Service, Inc. Street Address, Suite No., etc. 3350 Woods Edge Circle, Ste 104 City & State Bonita Springs, FL 34134 Zip / Country

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
THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SERVICE 37 MENTOR DRIVE NAPLES FL 34110	Name Advanced Property Management Service, Inc. Street Address (P.O. Box Number is Not Acceptable) 3350 Woods Edge Circle, Ste 104 City Bonita Springs, FL 34134 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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 PORTER, ROSCOE 5115 CEDAR SPRINGS DR. # 102 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary S Porter, Roscoe 5115 Cedar Springs Drive #102 Naples, FL. 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENTINE, RAYMOND 5125 CEDAR SPRINGS DR, #104 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President P Valentine, Raymond 5125 Cedar Springs Drive #104 Naples, FL. 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CZARNIK, VICTORIA 5115 CEDAR SPRINGS DR. # 104 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President V.P Czarnik; Victoria 5115 Cedar Springs Drive #104 Naples, FL. 34110	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELL, SUSAN 5105 CEDAR SPRINGS DR # 102 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONOMO, MARIE 5125 CEDAR SPRINGS DR # 101 NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer T Bonomo, Marie 5125 Cedar Springs Drive #101 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: SIGNATURE 4-22-03 RAY VALENTINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #