

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004107

1. Entity Name

LAKEVIEW VI AT CARLTON LAKES CONDOMINIUM ASSOCIA

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90225 031 ****61.25

Principal Place of Business

2405 PIPER BLVD.
NAPLES FL 34110

c/o Mailing Address

2405 PIPER BLVD.
NAPLES FL 34110-1387

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, FL 34109



DO NOT WRITE IN THIS SPACE

1. FEI Number

65-0902433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWALM & MURRELL, P.A.
2375 TAMiami TRAIL N., STE. 308
NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

Street A

City

Property Management
Professionals of SW Florida
100 Vineyards Blvd.
Naples, FL 34109

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.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 reports 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 authorized 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

Christopher G. Claussen 4-28-00 941.596.9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)