

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90224 024 \*\*\*\*61.25

0072964

**DOCUMENT # N98000004107**

1. Entity Name

**LAKEVIEW VI AT CARLTON LAKES CONDOMINIUM ASSOCIA**

Principal Place of Business

2405 PIPER BLVD.  
 NAPLES FL 34110

Mailing Address

100 VINEYARDS BLVD  
 PROFESSIONALS OF SW FLORIDA  
 NAPLES FL 34109

2. Principal Place of Business

**100 Vineyards Blvd**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

Zip

**34119**

Country

**US**

Zip

Country

**US**

6. Name and Address of Current Registered Agent

**SWALM & MURRELL, P.A.  
 PFOFESSIONALS OF SW FLORIDA  
 100 VINEYARDS BLVD  
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name  
**Property Mgmt. Professionals of SW Fla., Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 Vineyards Blvd.**  
 Attn: Nancy Winkler  
 City  
**Naples** FL Zip Code  
**34119**

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 Winkler** **Nancy Winkler Association Mgr.**

**4-10-01**  
 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	D CLAUSSEN, CHRISTOPHER G 2405 PIPER BLVD. NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAUSSEN, ROBERT G 2405 PIPER BLVD. NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERLING, JACK 2405 PIPER BLVD. NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joan Jamieson 5045 Cedar Springs Dr. #202 Naples FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Roger May 5040 Cedar Springs Dr. #201 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pamela Peter 5060 Cedar Springs Dr. #202 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Julia Lee 5040 Cedar Springs Dr. #101 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Naomi Phillips 5045 Cedar Springs Dr. #203 Naples, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Joan Jamieson**

**04-07-01** (441) **592-5460**  
 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)