

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

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

05-24-2002 91332 036 ****61.25

DOCUMENT # N98000004107

1. Entity Name

Lakeview V1 at Carleton Lakes, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Advanced Property Mgmt Service

37 Mentor Drive

City & State Naples FL 34110

Zip

Country

3. Mailing Address

Advanced Property Mgmt Service

37 Mentor Drive

City & State Naples FL 34110

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0902433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUSAN L. THOMPSON

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

Advanced Property Mgmt Service

37 Mentor Drive

City

Naples FL 34110

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 D
NAME JULIA LEE
STREET ADDRESS 5040 CEDAR SPRINGS DR. #101
CITY - ST - ZIP NAPLES, FL 34110

TITLE D
NAME PAMELA PETER
STREET ADDRESS 5060 CEDAR SPRINGS DR. 202
CITY - ST - ZIP NAPLES, FL 34110

TITLE D
NAME JAN CRAWFORD
STREET ADDRESS 5045 CEDAR SPRINGS DR. #102
CITY - ST - ZIP NAPLES, FL 34110

TITLE D
NAME JEAN VALENTI
STREET ADDRESS 5040 CEDAR SPRINGS DR. #103
CITY - ST - ZIP NAPLES, FL 34110

TITLE D
NAME DONALD SNYDER
STREET ADDRESS 5060 CEDAR SPRINGS DR. #103
CITY - ST - ZIP NAPLES, FL 34110

TITLE
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

CR2E037B (12/01)