

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90169 041 ****61.25

054416

DOCUMENT # **N98000004107**

1. Entity Name

LAKEVIEW VI AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**37 MENTOR DR
NAPLES FL 34110**

Mailing Address

**37 MENTOR DR
PROFESSIONALS OF SW FLORIDA
NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address



CHECK HERE IF MAKING CHANGES

Advanced Property Management Service, Inc.

Advanced Property Management Service, Inc.

**3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134**

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Bonita Springs, FL 34134**

FBI 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

7. Name and Address of New Registered Agent

**THOMPSON, SUSAN L
37 MENTOR DR
NAPLES FL 34110**

**Advanced Property Management Service, Inc.
3350 Woods Edge Circle, Ste 104
Bonita Springs, FL 34134**

Name **Susan L Thompson**
Street Address (P.O. Box Number is Not Acceptable)
City **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	PD JAMIESON, JOAN 5045 CEDAR SPRINGS DR #202 NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLAUSSEN, ROBERT G 5040 CEDAR SPRINGS DR #201 NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETER, PAMELA 5060 CEDAR SPRINGS DR #202 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEE, JULIE 5040 CEDAR SPRINGS DR #101 NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, NAOMI 5845 CEDAR SPRINGS DR #203 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	President Peter, Pamela 5060 Cedar Springs Dr # 202 Naples, FL. 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Snyder, Donald 5060 Cedar Springs Dr # 103 Naples, FL. 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Crawford, Jan 5045 Cedar Springs Dr # 102 Naples, FL. 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Valenti, Jean 5040 cedar Springs Dr. # 103 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
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: Jamie Phillips (239) 597 7246 5/4/03

CR2E037 (10/02)