

# 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

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



Advanced Property Management  
Service, Inc.

Advanced Property Management  
Service, Inc.

☒ CHECK HERE IF MAKING CHANGES

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

3350 Woods Edge Circle, Ste 104  
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

THOMPSON, SUSAN L  
37 MENTOR DR  
NAPLES FL 34110  
Advanced Property Management  
Service, Inc.  
3350 Woods Edge Circle, Ste 104  
Bonita Springs, FL 34134

7. Name and Address of New Registered Agent

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

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  
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 Thompson 597 7246 5/4/03

CR2E037 (10/02)