

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90197 049 ****61.25

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1. Entity Name
VILLAS I AT CARLTON LAKES ASSOCIATION, INC.



Principal Place of Business
ADVANCED PROP MGMT SERVICE, INC.
3350 WOODS EDGE CIRCLE, STE. 104
BONITA SPRINGS, FL 34134

Mailing Address
ADVANCED PROP MGMT SERVICE, INC.
3350 WOODS EDGE CIRCLE, STE. 104
BONITA SPRINGS, FL 34134



2. Principal Place of Business
Advanced Property Management Service, Inc.
1035 Collier Center Way, #7
City & State
Naples, FL 34110

3. Mailing Address
Advanced Property Management Service, Inc.
1035 Collier Center Way, #7
City & State
Naples, FL 34110

02212006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0810681
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75-Additional-Fee Required

6. Name and Address of Current Registered Agent

ADVANCED PROPERTY MANAGEMENT SERVICE, INC.
3350 WOODS EDGE CIRCLE, STE. 104
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
Advanced Property Management Service, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1035 Collier Center Way, #7
City
Naples, FL 34110
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 Susan L. Thompson **SUSAN L. THOMPSON, AGENT** 02/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	RUBNER, MICHAEL	5880 NORTHRIDGE DR N	NAPLES, FL 34110	<input type="checkbox"/>
D	REVELL, NANCY	5852 NORTHRIDGE DRIVE	NAPLES, FL 34110	<input checked="" type="checkbox"/>
D	SAMUELS, EDWARD	5830 NORTHRIDGE DRIVE	NAPLES, FL 34110	<input type="checkbox"/>
D	WILSON, MARGARET	5927 NORTHSIDE DR	NAPLES, FL 34110	<input checked="" type="checkbox"/>
D	COLBY, MASON	5863 NORTHSIDE DR	NAPLES, FL 34110	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	RUBNER, MICHAEL	5880 Northridge Drive N.	Naples, FL 34110	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	STEVENS, ROBERT	5883 NORTHRIDGE DR. N.	NAPLES, FL 34110	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	SAMUELS, EDMOND	5830 NORTHRIDGE DR. S.	NAPLES, FL 34110	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
DVP	COLBY, MASON	5863 NORTHRIDGE DRIVE	NAPLES, FL 34110	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVP	KASWER, JOE	5802 NORTHRIDGE DR. SOUTH	NAPLES, FL 34110	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] DT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06 239.595.9962
Date Daytime Phone #