2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N98000004659

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

Current Principal Place of Business:

ADVANCED PROP MGMT SERVICE, INC.
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

ADVANCED PROP MGMT SERVICE, INC.
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-0810681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADVANCED PROPERTY MANAGEMENT SERVICE,INC.
1035 COLLIER CENTER WAY #7
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: RUBNER, MICHAEL
Address: 5880 NORTHRIDGE DR N
City-St-Zip: NAPLES, FL 34110

Title: DP ( ) Delete
Name: ROGGE, PATRICIA
Address: 5848 NORTHRIDGE DR.
City-St-Zip: NAPLES, FL 34110

Title: DS ( ) Delete
Name: REKELL, NANCY
Address: 5852 NORTHRIDGE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: DT ( ) Delete
Name: KASWER, JOE
Address: 5803 NORTHRIDGE DR. SOUTH
City-St-Zip: NAPLES, FL 34110

Title: D (X) Delete
Name: KASWER, JOE
Address: 5803 NORTHRIDGE DRIVE SOUTH
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: REVELL, NANCY
Address: 5852 NORTHRIDGE DRIVE
City-St-Zip: NAPLES, FL 34110

Title: TD (X) Change ( ) Addition
Name: MONSTREAM, BETTY
Address: 5846 NORTHRIDGE DRIVE SOUTH
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ROGGE DP 04/01/2009

Electronic Signature of Signing Officer or Director — Date