2000 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
Jun 16, 2000 8:00 am
Secretary of State
05-04-2000 90225 004 ****61.25

DOCUMENT # N99000006744

1. Entity Name

LAKEVIEW VII AT CARLTON LAKES CONDOMINIUM ASSOCI

Principal Place of Business	c/o Mailing Address
2405 PIPER BLVD. NAPLES FL 34110	2405 PIPER BLVD. NAPLES FL 34110-1387

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Property Management Professionals of SW Florida
Suite, Apt. #, etc.: 100 Vineyards Blvd.
City & State: Naples, FL 34109

FEI Number 65-0902432 ☐ Applied For ☐ Not Applicable

Zip	Country	Zip	Country

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
SWALM, MURRELL & SAMOUCE, P.A. 2375 TAMIAMI TRAIL N. SUITE 308 NAPLES FL 33940	Name Street Ad Property Management Professionals of SW Florida 100 Vineyards Blvd. City Naples, FL 34109 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.

SIGNATURE [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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAUSSEN, CHRISTOPHER G 2405 PIPER BLVD. NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLAUSSEN, ROBERT G 2405 PIPER BLVD. NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STERLING, JACK 2405 PIPER BLVD. NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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: [signature] Christopher G. Claussen 4-28-00 941-596-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #