

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90141 034 ****61.25

DOCUMENT # N99000006744

1. Entity Name

LAKEVIEW VII AT CARLTON LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

% ADVANCED PROPERTY MGMT SERVICE INC
37 MENTOR DRIVE
NAPLES FL 34110

Mailing Address

% ADVANCED PROPERTY MGMT SERVICE INC
37 MENTOR DRIVE
NAPLES FL 34110

2. Principal Place of Business
Advanced Property Management Service, Inc.

3. Mailing Address
Advanced Property Management Service, Inc.

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

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



☒ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **65-0902432**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADVANCED PROPERTY MGMT SERVICE
37 MENTOR DR.
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name **Susan Thompson**
Street Address (P.O. Box Number is Not Acceptable)
Advanced Property Management Service, Inc.
City **3350 Woods Edge Circle, Ste 104** Zip Code **54**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent 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	PD	<input type="checkbox"/> Delete
NAME	DONNELL, JAN	
STREET ADDRESS	5090 CEDAR SPRINGS DR #102	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHEFFER, DWAIN	
STREET ADDRESS	5090 CEDAR SPRINGS DR #104	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KALEMBA, JOSEPHINE	
STREET ADDRESS	5070 CEDAR SPRINGS DR #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHUCH, ANNE	
STREET ADDRESS	5100 CEDAR SPRINGS DR #101	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINZALONE, NORMA	
STREET ADDRESS	5080 CEDAR SPRINGS DR # 104	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oustrich, John	
STREET ADDRESS	5100 Cedar Springs Dr #103	
CITY-ST-ZIP	Naples, FL. 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

4-23-03

CR2E037 (10/02)