


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90455 041 \*\*\*\*61.25

<b>DOCUMENT # N99000007208</b> 1. Entity Name IBIS POINTE I AT CARLTON LAKES, INC.	
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Principal Place of Business ADVANCED PROPERTY MGMT SERVICES 3350 WOODS EDGE CIRCLE, SUITE 104 BONITA SPRINGS, FL 34134	Mailing Address ADVANCED PROPERTY MGMT SERVICES 3350 WOODS EDGE CIRCLE, SUITE 104 BONITA SPRINGS, FL 34134
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04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3617772	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SERVICES, INC. 3350 WOODS EDGE CIRCLE, SUITE 104 BONITA SPRINGS, FL 34134
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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 _____	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	STT
NAME	COSTA, JOANN
STREET ADDRESS	5215 BIRMINGHAM DRIVE #102
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	PD
NAME	TORRISI, RUSS
STREET ADDRESS	5210 BIRMINGHAM DRIVE #201
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VPD
NAME	COUNADIS, JOHN
STREET ADDRESS	5205 BIRMINGHAM DRIVE #101
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/26/05 Daytime Phone #
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