


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90131 018 ****61.25

DOCUMENT # N99000007208	
1. Entity Name IBIS POINTE I AT CARLTON LAKES, INC.	

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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50006309

%Gulf Breeze Mgmt. Svcs. of %Gulf Breeze Mgmt. Svcs. of

2. Principal Place of Business SW FL, LLC 8910 Terrene Court	3. Mailing Address SW FL, LLC 8910 Terrene Court
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Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
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City & State	City & State
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01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3617772	Applied For Not Applicable
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Zip 34135	Country	Zip 34135	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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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7. Name and Address of New Registered Agent Name Weidner, Ralph L. %Gulf Breeze Mgmt. Svcs. of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City FL Zip Code 34135	
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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 Ralph L. Weidner Weidner, Ralph L. 3/15/06
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT COSTA, JOANN 5215 BIRMINGHAM DRIVE #102 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Costa, Joni <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRISI, RUSS 5210 BIRMINGHAM DRIVE #201 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COUNADIS, JOHN 5205 BIRMINGHAM DRIVE #101 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Russ Torrisi Russ Torrisi 3-15-06 (239) 269-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #