2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000006313

Entity Name: LAKEVIEW AT CARLTON LAKES CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business:

2335 TAMIAMI TRAIL NORTH SUITE 402 NAPLES, FL 34103

Current Mailing Address:

CAMBRIDGE MANAGEMENT OF SWFL 2335 TAMIAMI TRAIL NORTH, SUITE 402 NAPLES, FL 34103 US

FEI Number: 65-0720333 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

CAMBRIDGE MANAGEMENT OF SWFL 2335 TAMIAMI TRAIL NORTH SUITE 402 NAPLES, FL 34103 US

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:

City-State-Zip:

Title

Date Electronic Signature of Registered Agent

City-State-Zip:

Title

402

NAPLES FL 34103

TREASURER

FILED

May 30, 2017

Secretary of State CC4030168457

Officer/Director Detail :

402

NAPLES FL 34103

DIRECTOR

Title **PRESIDENT** Title SECRETARY

LITTMAN, DEBORAH Name Name GUSTAVSON, VICTOR

2335 TAMIAMI TRAIL NORTH, SUITE Address 2335 TAMIAMI TRAIL NORTH, SUITE Address

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

Title DIRECTOR Title DIRECTOR

OUSTRICH, JOHN BURKUSH, KAREN Name Name

2335 TAMIAMI TRAIL NORTH, SUITE Address 2335 TAMIAMI TRAIL NORTH, SUITE Address 402

LYNCH, TERRY Name Name MONTICELLI, CARL

2335 TAMIAMI TRAIL NORTH 2335 TAMIAMI TRAIL NORTH SUITE Address Address

> 402 SUITE 402

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34103

I hereby 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 all other like empowered.

05/30/2017 **PRESIDENT** SIGNATURE: DEBORAH LITTMAN