

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90043 047 \*\*\*\*61.25

DOCUMENT # 764769

1. Entity Name

ARIEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5260 S. LANDINGS DRIVE. #200  
FT MYERS FL 33919

Mailing Address

5260 S. LANDINGS DRIVE. #200  
FT MYERS FL 33919

634654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2217434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MYERS, BARBARA E.  
5260 SOUTH LANDINGS DR #200  
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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, 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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GOSSMAN, JOE  
STREET ADDRESS 5260 S LANDINGS DRIVE, #1401  
CITY-ST-ZIP FT MYERS FL 33919

TITLE D ☐ Delete  
NAME GIRVAN, TOM  
STREET ADDRESS 5260 S LANDINGS DR #308  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE S ☐ Delete  
NAME DECESARE, LYNN  
STREET ADDRESS 5260 S. LANDINGS DR. #708  
CITY-ST-ZIP FT MYERS FL 33919

TITLE PD ☒ Delete  
NAME PHARES, MALCOLM  
STREET ADDRESS 5260 S. LANDINGS DRIVE, #1509  
CITY-ST-ZIP FT MYERS FL 33919

TITLE TD ☐ Delete  
NAME CAMPBELL, JOE  
STREET ADDRESS 5260 S LANDINGS DR #1209  
CITY-ST-ZIP FT MYERS FL 33919

TITLE VPD ☒ Delete  
NAME BIRDT, LYNNE  
STREET ADDRESS 5260 S LANDINGS DR #702  
CITY-ST-ZIP FT MYERS FL 33919

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT / DIRECTOR ☒ Change ☐ Addition  
NAME JOSEPH R.  
STREET ADDRESS 5260 S. LANDINGS DRIVE # 1209  
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE VICE PRESIDENT / DIRECTOR ☒ Change ☐ Addition  
NAME LYNN DECESARE  
STREET ADDRESS 5260 S. LANDINGS DR #708  
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE SECRETARY / TREAS / DIRECTOR ☐ Change ☒ Addition  
NAME OLIVERA WIERZMA  
STREET ADDRESS 5260 S. LANDINGS DRIVE #1302  
CITY-ST-ZIP FT. MYERS, FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*JOSEPH CAMPBELL* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOSEPH CAMPBELL

Date

Daytime Phone #

3/16/01 (941) 481-7282

CR2E037 (10/00)