

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 038 ****70.00

DOCUMENT # 764769

1. Entity Name
ARIEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5260 S. LANDINGS DR
200
FT MYERS, FL 33919**

Mailing Address
**5260 S. LANDINGS DR
200
FT MYERS, FL 33919**

40001731



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2217434

Applied For
Not Applicable

Zip

- Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLAHAN, BRENDA S
5260 S. LANDINGS DR
200
FT. MYERS, FL 33919**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Brenda S Callahan, Manager
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BIRDT, MARVIN S	
STREET ADDRESS	5260 S. LANDINGS DR #702	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, HAROLD E	
STREET ADDRESS	5260 S LANDINGS DR #1308	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, HELEN E	
STREET ADDRESS	5260 SOUTH LANDINGS DR #706	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARCELLONA, VALERIE	
STREET ADDRESS	5260 S LANDINGS DR #1002	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, STANLEY	
STREET ADDRESS	5260 S LANDINGS DR #603	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWNING, NED W	
STREET ADDRESS	5260 S LANDINGS DR #1104	
CITY-ST-ZIP	FORT MYERS, FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOSSMAN, M. JOE	
STREET ADDRESS	5260 S LANDINGS DR #1401	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHARES, Malcolm E	
STREET ADDRESS	5260 S LANDINGS DR #1509	
CITY-ST-ZIP	FT MYERS, FL 33919	
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 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: Malcolm Phares 1/8/08 239-481-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #