2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90285 001 ****61.25

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DOCUMENT # N04000007335

1. Entity Name
ARIELLE ON PALMER RANCH SECTION 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PULTE HOME CORPORATION 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135	C/O PULTE HOME CORPORATION 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6945 Prosperity Circle Suite, Apt. #, etc.	9031 Town Center Pkwy Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Bradenton, FL
Zip: 34238 Country: USA	Zip: 34202 Country: USA

4. FEI Number 34-1990068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STACKHOUSE, EDWIN D
C/O PULTE HOME CORPORATION
9148 BONITA BCH RD STE 102
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Name: Advanced Management of SW-FL, Inc
Douglas E. Wilson, Pres.
Street Address (P.O. Box Number is Not Acceptable): 9031 Town Center Pkwy
City: Bradenton FL Zip Code: 34202

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: [signature] Douglas E Wilson, President DATE: 2-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STACKHOUSE, EDWIN D 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MEEKS, W. MICHAEL 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST RAY, LAURA 9148 BONITA BCH RD STE 102 BONITA SPRINGS, FL 34135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Laura A. Ray 2-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #