## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

## FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # N0400007335  1. Entity Name ARIELLE ON PALMER RANCH SECTION 1 CONDOMINIUM ASSOCIATION, INC.				C	)4-09-2007 90	053 006 ***	**61.25	
6945 PROSPERITY CIRCLE 903			Mailing Address 9031 TOWN CENTER PKWY BRADENTON, FL 34202		TJE KOMI ODNIK OZIM DELM O	OTH ATOOT HARE AREA OF	######################################	
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007 Ch	g-NP CR	2E037 (12/06)		
City & State		City & State		4. FEI Number 34-1990068	3	<del></del>	oplied For	
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registe	red Agent		
A DAVANCED MANAGEMENT OF CHAIR LINE			Name	Name				
ADVANCED MANAGEMENT OF SW FL, INC. DOUGLAS E, WILSON, PRES. 9031 TOWN CENTER PKWY			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
BRADENT	ON, FL 34202							
	named entity submits this statement t		City	City		<u> </u>		
_	ions of registered agent.							
SIGNATURE .	\$(gnature, typed or printed name of registered agen	it and title if applicable. (NOTE	E. Registered Apent signature requi	red when reinstelling)	De	ATE		
SIGNATURE .	Signature, typed or protect name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	·····	npaign Financing	\$5.00 May Be Added to Fees	Make C	heck payable to		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make c Florida De S TO OFFICERS AN	heck payable to opartment of St	tate	
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF BIOMNIO OFFICER ON DIRECTOR

Date

Date

Date

Date

Descriptions

Date

Date

Descriptions

Date

Date

Date

Descriptions

Date

Date