

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002284

FILED
Apr 28, 2009
Secretary of State

Entity Name: ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14171 METROPOLIS AVENUE
FT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

15880 SUMMERLIN RD, #300 - 390
FORT MYERS, FL 33908

New Mailing Address:

8890 SALROSE LANE, #200
FORT MYERS, FL 33912

FEI Number: 65-0511558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEPITONE, THOMAS
15880 SUMMERLIN RD, #300 - 390
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

PEPITONE, THOMAS
8890 SALROSE LANE #200
FORT MYERS, FL 33912 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: THOMAS PEPITONE

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOBOSCO, JOSEPH
Address: 15880 SUMMERLIN RD, #300 - 390
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: LALLA, SUNIL L DR
Address: 14171 METROPOLIS AVE STE 202
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: LU, JOANNE DR.
Address: 14171 METROPOLIS AVE. STE 201
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOBOSCO, JOSEPH
Address: 8890 SALROSE LANE #200
City-St-Zip: FORT MYERS, FL 33912

Title: ST (X) Change () Addition
Name: LALLA, SUNIL L DR
Address: 14171 METROPOLIS AVE STE 202
City-St-Zip: FORT MYERS, FL 33912

Title: VP (X) Change () Addition
Name: LU, JOANNE DR.
Address: 14171 METROPOLIS AVE. STE 201
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS PEPITONE

MGR

04/28/2009

Electronic Signature of Signing Officer or Director

Date