FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# N9600000473 5	OCUMENT#	19600000473!
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1. Corporation Name

ARIELLE SECTION I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address								
14581 WESTPO FT. MYERS FL		C/O IPM 3435 10TH ST. N., SUITE 201 NAPLES FL 34103 US	l					
	ace of Business Arielle Drive	2a. Mailing Address				3. Date Incorporated or Qualifed 09/11/1996		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	4. FEI Number	Ap	plied For
22		27			ł	65-0826652	No	t Applicable
	s, Florida	City & State				5. Certificate of Status Desired	\$8.75 A	
Zi B 4109	Country	Zip	Country	/		6. Election Campaign Financing	\$5.00	May Be
24	25	29 30	<u> </u>			Trust Fund Contribution	Added t	to Fees
	9. Name and Address of Curren	Registered Agent		1		10. Name and Address of New Registere		
			81	Na	^{ime} Jo	ohn Mac'Kie Becker <u>& Pc</u>	liakof:	f, PA
WOLPERT			82	Str		s (P.O. Bo) Number is Not Acceptable) ollier Place One - Suite 210		
	STPORT DR.		83					
FT. MYIER	S FL 33908				30	003 Tamiami Trail North		
			84	City		aples F		Code 4.103
11, Pursuant	to the provisions of Sections 617.050.	and 617.1508, Florida Statutes,	the abov	e-nan	ned corpora	ation submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or beth, in the state	of Florida. Such change was authorized of Section 617,0503. Florida	orized by	the c	corporation's	ation submis this statement for the purpose s board of directors. I hereby accept the app	ointment as re	gistered
	JAM 21. 11 lar	1. 10 TH	- 01010101			4/12/99		
SIGNATUF:E	Signafuje, typed or printed name of registered ager	t and title if applicable. (NOT =: Re	gistered Age	nt signa	ature required w			
12.	OFFICERS AN	() DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS.		
TITLE	DP	≥ DÉLETE	1.1 TITLE		D,		Change	Addition
NAME	WOLPERT, GREG G		12 NAME			ouston, Lela 120 Arialla Driva		
STREET ADDRESS	14581 WESTPORT DR.		1.3 STREET ADDRESS			130 Arielle Drive aples, FL 34109		
CITY-ST-ZIP	FT. MYERS FL 33908		1.4 CITY-ST-ZIP		l l		Change	M Addition
TITLE	DV	DELETE	2.1 TITLE		l l	ASS/S altman, Sally	□ Gliarige	(20 Addition
NAME	COMEGYS, LAWRENCE S		2.2 NAME		0.4	aithan, Sally 135 Arielle Drive		
STREET ADORESS	14581 WESTPORT DR.	,	2.3 STREET ADDRESS		T-00	aples, FL 34109		
CITY-ST-ZIP	FT. MYERS FL 33908	■ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		D		[] Change	M Addition
TITLE	DST	A OCCUP	3.2 NAME			atenaude, Leo	<u></u>	VALUE 1 12
NAME .	MEEKS, WILLIAM M. 14581 WESTPORT DR.		3.3 STREET ADDRESS		1 2	1350 Arielle Drive		
STREET ADDRESS	FT. MYERS FL 33908		3.4. CITY-ST-ZIP		N:	aples, Fl_ 34109		
CITY-ST-ZIP TITLE	11. WILLIO I L 30300	☐ DELETE	4.1 TITLE		-		Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS		RESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETÈ	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS		į	5.3 STREET ADDRESS		RESS			
CITY-ST-ZIP	1		5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	61 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADODE 39		j	6.3 STREE	TADOR	RESS			

14. 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 annual report or supplemental annual 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 recuired by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP