FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 29, 2002 8:00 am DOCUMENT # N9600004735 **Secretary of State** 1. Entity Name 02-20-2002 90057 015 ****61.25 ARIELLE SECTION I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2155 ARIELLE DRIVE NAPLES FL 34109 C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLVD STE 40 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0826652 Not Applicable Ziρ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SAPP, PAUL C/O P & M PROPERTY MGMT 15660 SAN CARLOS BLVD STE 40 City Zip Code FORT MYERS FL 33908 FL 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. -29-2002 SIGNATURE 1 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete (9/01)DP Houston, LELA Сћапре ппе TITLE NAME HOUSTON, LELA NAME 15660 SAN CONTOS Bluck # 40 STREET ADDRESS 2130 ARIELLE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Myers Fl. 3308 33908 NAPLES FL 34109 Delete TITLE De Vito, AL 15660 540 Corlos Blud # 40 NAME EAVES, JENNIFER NAME STREET ADDRESS STREET ADDRESS 2130 ARIELLE DRIVE 306 CITY_ST-ZIP_ CITY_ST-ZIP NAPLES FL-34109-TITLE TITI F Delete DT NAME PATENAUDE, LEO -NAME ---15660 SAN CONTOS Blod \$ 40 STREET ADDRESS STREET ADDRESS 21350 ARIELLE DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 Delete TITLE NAME NAME SAN Corlos Blad # 40 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 19401 FL 33908 Change TITLE TITLE ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TOWNSTUDE BEALINGED

1-29-2002

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