2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004735

FILED Apr 12, 2006 Secretary of State

Entity Name: ARIELLE AT PELICAN MARSH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1044 CAST #206					
NAPLES, F	L 34103				
Current Mailing Address:			New Mailir	New Mailing Address:	
1044 CAST #206		10			
NAPLES, F		JS	EEI Number Net Annli	inable () Contificate of Status Desired ()	
FEI Number:	05-0620052	FEI Number Applied For ()	El Number Not Appli	icable () Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
SOUTHWEST PROPERTY MGMT. 1044 CASTERLLO DR. SUITE 206 NAPLES, FL 34103 US					
The above in the State		submits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	E:				
	Electro	nic Signature of Registered Agent		Date	
OFFICERS	AND DIREC	TORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V (FITZGERALD, 2250 ARIELLE NAPLES, FL 3	, #1704	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (PATENAUDE, I 2130 ARIELLE NAPLES, FL 3	, #309	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (WEINSTEIN, L 2110 ARIELLE NAPLES, FL 3	, #103	Title: Name: Address: City-St-Zip:	D (X) Change () Addition CLUFF, ROY 2265 ARIELLE, #2307 NAPLES, FL 34109	
Title: Name: Address: City-St-Zip:	D (X YODER, GIGI 2245 ARIELLE NAPLES, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (CURLIN, CAL 2230 ARIELLE NAPLES, FL 3	*	Title: Name: Address: City-St-Zip:	TSD (X) Change () Addition CURLIN, CAL 2230 ARIELLE, #1906 NAPLES, FL 34109	
Title: Name: Address: City-St-Zip:	DP (BROCK, JIM 2215 ARIELLE NAPLES, FL 3		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BROCK, JIM 2215 ARIELLE, #1201 NAPLES, FL 34109	

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE FITZGERALD PD 04/12/2006