2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004735

FILED Apr 10, 2008 Secretary of State

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

_	rincipal Place of Business:	New Prince	cipal Place of Business:	
1044 CAS	TELLO DR.		•	
#206 NAPLES, I	FL 34103			
Current Mailing Address:		New Maili	New Mailing Address:	
	TELLO DR.			
#206 NAPLES, I	FL 34103 US			
FEI Number	: 65-0826652 FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
1044 CAS SUITE 206	EST PROPERTY MGMT. TERLLO DR. S FL 34103 US			
	named entity submits this statement for the pue of Florida.	rpose of changing	its registered office or registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Ager	nt	Date	
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () Delete FITZGERALD, STEVE 2250 ARIELLE DR., #1704 NAPLES, FL 34109	Title: Name: Address: City-St-Zip:	P (X) Change () Addition DAVID, GREENFIELD 2220 ARIELLE DR., #2007 NAPLES, FL 34109	
Title: Name:	VP () Delete VITALE, ALEX	Title:	D (X) Change () Addition	
Address: City-St-Zip:	2135 ARIELLE DR., #2410 NAPLES, FL 34109	Name: Address: City-St-Zip:	VITALE, ALEX 2135 ARIELLE DR., #2410 NAPLES, FL 34109	
City-St-Zip: Title: Name: Address:		Address:	2135 ARIELLE DR., #2410	
	NAPLES, FL 34109 D () Delete CLUFF, ROY 2265 ARIELLE, #2307	Address: City-St-Zip: Title: Name: Address:	2135 ARIELLE DR., #2410 NAPLES, FL 34109	
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	NAPLES, FL 34109 D () Delete CLUFF, ROY 2265 ARIELLE, #2307 NAPLES, FL 34109 TSD () Delete CURLIN, CAL 2230 ARIELLE, #1906	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	2135 ARIELLE DR., #2410 NAPLES, FL 34109 () Change () Addition	

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: DAVID GREENFIELD P 04/10/2008