2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# N96000004735

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

Current Principal Place of Business:

1044 CASTELLO DR.
#206
NAPLES, FL 34103

New Principal Place of Business:

3701 NORTH TAMIAMI TRAIL
NAPLES, FL 34103

Current Mailing Address:

1044 CASTELLO DR.
#206
NAPLES, FL 34103 US

New Mailing Address:

3701 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 US

FEI Number: 65-0826652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MGMT.
1044 CASTERLLO DR.
SUITE 206
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

THE COMPASS MANAGEMENT GROUP
3701 NORTH TAMIAMI TRAIL
NAPLES, FL 34103 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: COMPASS GROUP 09/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FITZGERALD, STEVE
Address: 2250 ARIELLE DR., #1704
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: VITALE, ALEX
Address: 2135 ARIELLE DR., #2410
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: CLUFF, ROY
Address: 2265 ARIELLE, #2307
City-St-Zip: NAPLES, FL 34109

Title: TSD ( ) Delete
Name: CURLIN, CAL
Address: 2230 ARIELLE, #1906
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete
Name: MURPHY, GEORGE
Address: 2170 ARIELLE DR., #708
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: SAWERS, WILLIAM JR
Address: 2105 ARIELLE DRIVE., #2701
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: COMPASS GROUP MGR 09/28/2009
Electronic Signature of Signing Officer or Director Date