

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764769

Entity Name: ARIEL CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**

C/O KW PROPERTY MANAGEMENT, LLC
5260 S LANDINGS DR 200
FORT MYERS, FL 33919

Current Mailing Address:

C/O KW PROPERTY MANAGEMENT, LLC
5260 S LANDINGS DR 200
FORT MYERS, FL 33919 US

FEI Number: 59-2217434**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

GOEDE, ADAMCZYK, DEBOEST & CROSS, PLLC
C/O GADC PLLC
6609 WILLOW PARK DRIVE SECOND FLOOR
NAPLES, FL 34109 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: STEVE ADAMCZYK

02/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ERWIN, FRANK PRESIDENT
Address C/O KW PROPERTY MANAGEMENT,
 LLC
 5260 S LANDINGS DR 200
City-State-Zip: FORT MYERS FL 33919

Title VICE-PRESIDENT
Name BERKAW, JOHN V.P.
Address C/O KW PROPERTY MANAGEMENT,
 LLC
 5260 S LANDINGS DR 200
City-State-Zip: FORT MYERS FL 33919

Title TREASURER
Name HINTZ, EUGENE
Address C/O KW PROPERTY MANAGEMENT,
 LLC
 5260 S LANDINGS DR 200
City-State-Zip: FORT MYERS FL 33919

Title SECRETARY
Name JENSEN, CAROLYN
Address C/O KW PROPERTY MANAGEMENT,
 LLC
 5260 S LANDINGS DR 200
City-State-Zip: FORT MYERS FL 33919

Title ADMINISTRATOR
Name PAULSON, RICHARD
Address C/O KW PROPERTY MANAGEMENT,
 LLC
 5260 S LANDINGS DR 200
City-State-Zip: FORT MYERS FL 33919

Title ADMINISTRATOR
Name MILLER, BRUCE
Address C/O KW PROPERTY MANAGEMENT,
 LLC
 5260 S LANDINGS DR 200
City-State-Zip: FORT MYERS FL 33919

Title ADMINISTRATOR
Name WONG, ARNOLD
Address C/O KW PROPERTY MANAGEMENT,
 LLC
 5260 S LANDINGS DR 200
City-State-Zip: FORT MYERS FL 33919

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN JENSEN

SECRETARY

02/12/2019

