

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764769

Entity Name: ARIEL CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
FT MYERS, FL 33919**Current Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD. STE, 200
FT MYERS, FL 33919 US**FEI Number:** 59-2217434**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLIANT PROPERTY MANAGEMENT, LLC
C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
FT MYERS, FL 33919 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:** CAROLE HILL

03/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LIPSCOMB, EARLE PRESIDENT
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
City-State-Zip: FT MYERS FL 33919

Title VP
Name BUTINDARO, SAL V.P.
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
City-State-Zip: FT MYERS FL 33919

Title VP
Name FREIDIN, HOWARD M
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
City-State-Zip: FT MYERS FL 33919

Title TREASURER
Name ALEXANDER, LINDA
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
City-State-Zip: FT MYERS FL 33919

Title SECRETARY
Name KINSER, DIANE
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
City-State-Zip: FT MYERS FL 33919

Title ADMINISTRATOR
Name WALMSLEY, WOODY S
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
City-State-Zip: FT MYERS FL 33919

Title ADMINISTRATOR
Name KAPP, SHARON
Address C/O ALLIANT PROPERTY
MANAGEMENT, LLC
6719 WINKLER ROAD STE 200
City-State-Zip: FT 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: EARLE LIPSCOMB

PRESIDENT

03/25/2015

