

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002284

**FILED**  
**Jan 17, 2014**  
**Secretary of State**  
**CC6407100981**

**Entity Name:** ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14171 METROPOLIS AVENUE  
FT MYERS, FL 33912

**Current Mailing Address:**

8890 SALROSE LANE, #200  
FORT MYERS, FL 33912

**FEI Number: 65-0511558**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PEPITONE, THOMAS  
8890 SALROSE LANE #200  
FORT MYERS, FL 33912 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	DST	Title	DVP
Name	LOBOSCO, JOSEPH JR.	Name	LALLA, SUNIL LDR
Address	8890 SALROSE LANE #200	Address	14171 METROPOLIS AVE STE 202
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912
Title	DP		
Name	ADU-SARKOKIE, HEATHER DR.		
Address	14171 METROPOLIS AVE. STE 201		
City-State-Zip:	FORT MYERS FL 33912		

*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: JOSEPH LOBOSCO

DST

01/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date