

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 10, 2016
Secretary of State
CC9179552972

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	DP
Name	LEE, THOMAS	Name	LALLA, SUNIL LDR
Address	14171 METROPOLIS AVENUE	Address	14171 METROPOLIS AVE STE 202
City-State-Zip:	FT MYERS FL 33912	City-State-Zip:	FORT MYERS FL 33912
Title	DVP		
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: THOMAS LEE

DST

02/10/2016

Electronic Signature of Signing Officer/Director Detail

_____ Date