2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2015
Secretary of State
CC2263052819

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

Current Principal Place of Business:

C/O COMPASS MANAGEMENT GROUP
4851 TAMIAMI TRAIL N STE 400
NAPLES, FL 34103

Current Mailing Address:

C/O COMPASS MANAGEMENT GROUP
4851 TAMIAMI TRAIL N STE 400
NAPLES, FL 34103 US

FEI Number: 65-0826652

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, PA
4001 TAMIAMI TRAIL NORTH, SUITE 410
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	CLUFF, ROY	Name	WEINSTEIN, MARK
Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400	Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	SECRETARY	Title	TREASURER
Name	MILLER, JACK	Name	GARRIDO, TONY
Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400	Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	DIRECTOR	Title	DIRECTOR
Name	HANSEN, MARLENE	Name	HINCHEY, SAMUEL
Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400	Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	DIRECTOR		
Name	SAWERS, WILLIAM		
Address	C/O COMPASS MANAGEMENT GROUP 4851 TAMIAMI TRAIL N STE 400		
City-State-Zip:	NAPLES FL 34103		

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: ROY CLUFF PRESIDENT 04/27/2015

Electronic Signature of Signing Officer/Director Detail Date