

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004735

Entity Name: ARIELLE AT PELICAN MARSH CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 07, 2016
Secretary of State
CC7369918525**Current Principal Place of Business:**2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779**Current Mailing Address:**2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US**FEI Number:** 65-0826652**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 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:** BRADLEY POMP

01/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	CLUFF, ROY
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	VP, DIRECTOR
Name	WEINSTEIN, LINDA
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	SECRETARY, DIRECTOR
Name	MILLER, JACK
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	TREASURER, DIRECTOR
Name	GARRIDO, TONY
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	HANSEN, MARLENE
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

Title	DIRECTOR
Name	HINCHEY, SAMUEL
Address	2180 WEST SR 434 STE 5000
City-State-Zip:	LONGWOOD FL 32779

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**

01/07/2016

Electronic Signature of Signing Officer/Director Detail

Date