
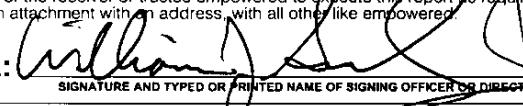


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90030 044 \*\*\*\*61.25

DOCUMENT # N03000008211					
<b>1. Entity Name</b> ARIA CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103			<b>Mailing Address</b> 4200 GULF SHORE BLVD NORTH NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #</b> 4501 Gulf Shore Blvd. N.		<b>3. Mailing Address</b> 4501 Gulf Shore Blvd. N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Naples, FL		<b>City &amp; State</b> Naples, FL		<b>4. FEI Number</b> 20-0848071	
<b>Zip</b> 34103		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARLER, GREGORY W ESQ. BECKER & POLIAKOFF, P.A. 999 VANDERBILT BEACH ROAD, SUITE 501 NAPLES, FL 34108			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> LUGERT, SCOTT F <b>STREET ADDRESS</b> 4200 GULF SHORE BLVD. N. <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> William Sulzmann <b>STREET ADDRESS</b> 4501 Gulf Shore Blvd. N. #1205 <b>CITY-ST-ZIP</b> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VSD <b>NAME</b> BAKER, RICHARD J <b>STREET ADDRESS</b> 4200 GULF SHORE BLVD. N. <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> Andrew Czekaj <b>STREET ADDRESS</b> 4501 Gulf Shore Blvd. N. #1503 <b>CITY-ST-ZIP</b> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VTAS <b>NAME</b> GUTMAN, HOWARD B <b>STREET ADDRESS</b> 4200 GULF SHORE BLVD. N. <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> J.P. Cottingham <b>STREET ADDRESS</b> 4501 Gulf Shore Blvd. N. #1703 <b>CITY-ST-ZIP</b> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> Paul Duncan <b>STREET ADDRESS</b> 4501 Gulf Shore Blvd. N. #1001 <b>CITY-ST-ZIP</b> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Steve Orr <b>STREET ADDRESS</b> 4501 Gulf Shore Blvd. N. #502 <b>CITY-ST-ZIP</b> Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			3/12/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		