

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008211

FILED  
Mar 30, 2012  
Secretary of State

Entity Name: ARIA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4501 GULF SHORE BLVD. N.  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

4501 GULF SHORE BLVD. N.  
NAPLES, FL 34103

**New Mailing Address:**

FEI Number: 20-0848071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARLER, GREGORY W ESQ.  
BECKER & POLIAKOFF, P.A.  
999 VANDERBILT BEACH ROAD, SUITE 501  
NAPLES, FL 34108 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SULZMANN, WILLIAM J  
Address: 4501 GULF SHORE BLVD. N. #1205  
City-St-Zip: NAPLES, FL 34103

Title: VP  
Name: CZEKAJ, ANDREW J  
Address: 4501 GULF SHORE BLVD. N. PH1503  
City-St-Zip: NAPLES, FL 34103

Title: T  
Name: DUNCAN, PAUL  
Address: 4501 GULF SHORE BLVD. N. #1001  
City-St-Zip: NAPLES, FL 34103

Title: S  
Name: ORR, STEPHEN  
Address: 4501 GULF SHORE BLVD. N. #502  
City-St-Zip: NAPLES, FL 34103

Title: D  
Name: LILLY, PETER B  
Address: 4501 GULF SHORE BLVD. N. #1203  
City-St-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: WILLIAM J. SULZMANN

P

03/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date