2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 8:00 am Secretary of State

DOCUMENT # N0400004947 1. Entity Name ARIELLE ON PALMER RANCH COMMUNITY ASSOCIATION, INC.				02-25-2005 901 44 021 ****61.25
	e of Business A BEACH ROAD STE 102 NGS, FL 34135	Mailing Address 9148 BONITA BEACH RO BONITA SPRINGS, FL 34	AD STE 102 -	40022982
6945 2. Principal Pl	Prosperity Circle	3. Mailing Address	n Center Pla	(u)
Swaxe, FC		Braderton	FC	01072005 Chg-NP CR2E037 (10/03)
City & State	3	City & State		4. FE Number Applied For Not Applied For Not Applicable
- 3 423	S-Country	34202	Country A	5. Certificate of Status Desired S8.75 Additional Fee Required
C/O PULTI 9148 BONI BONITA S	USE, EDWIN D E HOME CORPORATION ITA BEACH ROAD STE 102 PRINGS, FL 34135 named entity submits this statement for long of registered agent.	the purpose of changing its re	Street Adder	LAND MARKAMANT OF SOUTHWEST FC, 120 Box Number is Not Secretary. The Code of Florida. I am familiar with, and accept is tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	st late if applicable. (NOTE: if	Registered Agent signature requ	Suilson President 2-21-05 Queed when renistring) \$5.00 May Be Make check payable to
10.	Due by May 1, 2005 OFFICERS AND DIRE	Trust Fund Co	ntribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STACKHOUSE, EDWIN D 9148 BONITA BEACH ROAD STE BONITA SPRINGS, FL 34135	Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, W. MICHAEL 9148 BONITA BEACH ROAD STE BONITA SPRINGS, FL 34135	□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	D RAY, LAURA 9148 BONITA BEACH ROAD STE BONITA SPRINGS, FL 34135	Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
ITILE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby of indicated of the correlatinged.	on this report or supplemental report is poration or the receiver or trustee empoy or on an attachment with an address, w	his filing does not qualify for it rue and accurate and that my vered to execute this report his ith all other line empoyerer.	ne exemption stated in signature shall have to s required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if