
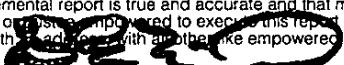


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90362 037 ****61.25

DOCUMENT # N04000004947 1. Entity Name ARIELLE ON PALMER RANCH COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6945 PROSPERITY CIRCLE SARASOTA, FL 34238				Mailing Address 9031 TOWN CENTER PKWY BRADENTON, FL 34202	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1901602	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADVANCED MANAGEMENT OF S.W. FL., INC. 9031 TOWN CENTER PKWY BRADENTON, FL 34202				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STACKHOUSE, EDWIN D		NAME	Carole McGowan	
STREET ADDRESS	9148 BONITA BEACH ROAD STE 102		STREET ADDRESS	4531 Cinnamon Drive	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEEKS, W. MICHAEL		NAME	John Coyne	
STREET ADDRESS	9148 BONITA BEACH ROAD STE 102		STREET ADDRESS	7100 Prosperity Circle	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, LAURA		NAME	Fred Amazon	
STREET ADDRESS	9148 BONITA BEACH ROAD STE 102		STREET ADDRESS	7082 Prosperity Circle	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Sarasota, FL 34238	
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. Sec'y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Douglas E. Wilson	
STREET ADDRESS			STREET ADDRESS	9031 Town Center Pkwy	
CITY-ST-ZIP			CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 a checkmark with another duly empowered					
SIGNATURE: 			Date 4-17-06 Daytime Phone # 359-1134		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					