


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90408 037 ****61.25

DOCUMENT # N04000010639					
1. Entity Name ARIELLE ON PALMER RANCH SECTION II CONDOMINIUM 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		4. FEI Number 34-1990066	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADVANCED MANAGEMENT OF SW FL, INC DOUGLAS E WILSON, PRES. 9031 TOWN CENTER PKWY BRADENTON, FL 34202				Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME STACKHOUSE, EDWIN D	<input checked="" type="checkbox"/> Delete		TITLE P	NAME Carole McGowan
STREET ADDRESS C/O 9148 BONITA BEACH ROAD, SUITE 102	CITY-ST-ZIP BONITA SPRINGS, FL 34135		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VD	NAME MEEKS, W. MICHAEL	<input checked="" type="checkbox"/> Delete		TITLE VP	NAME Reinhard Felder
STREET ADDRESS C/O 9148 BONITA BEACH ROAD, SUITE 102	CITY-ST-ZIP BONITA SPRINGS, FL 34135		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE STD	NAME RAY, LAURA	<input checked="" type="checkbox"/> Delete		TITLE Asst. Secy	NAME Douglas E. Wilson
STREET ADDRESS C/O 9148 BONITA BEACH ROAD, SUITE 102	CITY-ST-ZIP BONITA SPRINGS, FL 34135		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE:  Douglas E. Wilson 4-17-06 941-359-1134					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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