Apr 24, 2006 8:00 am Secretary of State 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # N04000011090** 04-24-2006 90362 036 ****61.25 ARIELLE ON PALMER RANCH SECTION III CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9031 TOWN CENTER PKWY 6945 PROPERTY CIR BRADENTON, FL 34202 SARASOTA, FL 34238 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232006 Chq-NP CR2E037 (11/05) 4. FEI Number 34-1990064 Applied For City & State City & State Not Applicable Zip Zip Country Country \$8.75 Additional

5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ADVANCE MGMT OF SE FLORIDA, INC Street Address (P.O. Box Number is Not Acceptable) 9031 TOWN CENTER PKWY BRADENTON, FL 34202 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DΡ TITL F X Delete TITLE ☐ Change **Addition** STACKHOUSE, EDWIN D NAME NAME 9148 BONITA BEACH ROAD, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP TITLE VP DVP Addition TITLE Delete ☐ Change MEEKS, W. MICHAEL W NAME NAME 9148 BONITA BEACH ROAD, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-7IP BONITA SPRINGS, FL 34135 CITY-ST-ZIP DVP Addition 🛍 Delete □ Change TITLE TITLE 5/ RAY, LAURA NAME NAME STREET ADDRESS 9148 BONITA BEACH ROAD, SUITE 102 STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ASST ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE 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 the corporation or the receiver or the corporation of the corpor

changed, or on an attachment with

SIGNATURE:

Jouglas E. Wilson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE