


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90362 038 \*\*\*\*61.25

<b>DOCUMENT # N05000007729</b>	
1. Entity Name <b>ARIELLE ON PALMER RANCH SECTION IV CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135</b>	Mailing Address <b>C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135</b>
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**60029787**



2. Principal Place of Business <b>6945 Prosperity Circle</b>	3. Mailing Address <b>Advanced Management</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>9031 Town Center Pkwy</b>

03232006 Chg-NP CR2E037 (11/05)

City & State <b>Sarasota, FL</b>	City & State <b>Bradenton, FL</b>
Zip <b>34238</b>	Zip <b>34202</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>34-1990061</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>STACKHOUSE, EDWIN D C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135</b>	
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7. Name and Address of New Registered Agent <b>Advanced Management of SW Florida Inc</b> <b>9031 Town Center Parkway</b> <b>Bradenton FL 34202</b>	
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STACKHOUSE, EDWIN D 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEEKS, W.MICHAEL 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAY, LAURA 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ron Hilton 4476 Streams, de Cr. Sarasota, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jacquelyn Hanson 4464 Streams, de Cr. Sarasota, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Treas Rita Gordon 4521 Streams, de Cr. Sarasota, FL 34238 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Sec. Douglas E. Wilson 9031 Town Center Pkwy Bradenton, FL 34202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a notary public with all other like empowered.

<b>SIGNATURE:</b> 	<b>Douglas E. Wilson</b>	<b>4-17-06</b>	<b>941 359-1134</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>