03/14/2006 10:19 12397689311
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Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90135 020 ****61.25

20017481

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000002284

1. Entity Name
ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14171 METROPOLIS AVENUE FT MYERS, FL 33912	7800 UNIVERSITY POINTE DR STE 100 FORT MYERS, FL 33907

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03132006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0511558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
D'Alessandro & Woodyard Property Management Services, LLC Thomas F. Peptone, Director 7800 UNIVERSITY POINTE DR STE 100 FORT MYERS, FL 33907	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 _____ 3-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LOBOSCO, JOSEPH 14121 METROPOLIS AVE. FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Lobosco, Joseph 14121 Metropolis Ave. Fort Myers, FL 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LALLA, SUEIL L 14171 METROPOLIS AVE STE 203 FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Lalla, Sueil L 14171 Metropolis Ave. Ste 203 Fort Myers, FL 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LU, JOANNE DR. 14171 METROPOLIS AVE. FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lu, Joanne Dr. 14171 Metropolis Ave. Fort Myers, FL 33912	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 an address, with all other like empowered.

SIGNATURE: X Joanne Lu X 3.14.06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

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Thomas F. Pepitone, Director
7800 UNIVERSITY POINTE DR
STE 100
FORT MYERS, FL 33907

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Name

Street Address (P.O. Box Number is Not Acceptable)

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SIGNATURE: X _____ X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #