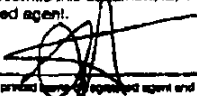
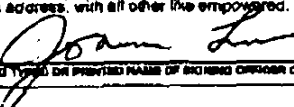


03/14/2006 10:19 12397689311
03/13/2006 10:00 FAX

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90135 020 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000002284			
1. Entity Name ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 14171 METROPOLIS AVENUE FT MYERS, FL 33912		Mailing Address 7800 UNIVERSITY POINTE DR STE 100 FORT MYERS, FL 33907	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 D'Alessandro & Woodyard Property Management Services, LLC Thomas F. Papitone, Director 7800 UNIVERSITY POINTE DR STE 100 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent 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  Signature, typed or printed name of registered agent and the fee applicable.		DATE 3-14-06 (NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATED OFFICER OR DIRECTOR		DATE 3-14-06 Date	

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N94000002284 1. Entity Name ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0511558	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent D'Alessandro & Woodyard Property Management Services, LLC Thomas F. Pepitone, Director 7800 UNIVERSITY POINTE DR STE 100 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent	
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.				Name	
SIGNATURE				Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when re-registering)				City	
DATE 3-14-06				FL Zip Code	
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
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: X					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					