## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600003455 (0)

## ARIELLE RECREATION ASSOCIATION, INC.

## FILED May 11 1998 8:00am Secretary of State

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1								
Principal Place of Business Mailing Address								
C/O PULTE HOME CORPORATION 14SH WESTPORT DRIVE FORT MYERS FL 33908		C/O PULTE HOME CORPORATION 14581 WESTPORT DRIVE FORT MYERS FL 33908		3. Date incorporated or Qualific 06/28/1996	ed			
		46 IPM	7		4. FEI Number APPLIED FOR	5-087663	Applied For Not Applicable	
Principal Place of Business     Suite, Apt. #, etc.		2a. Malling Address 28 3/35 /off St N		5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		
Suite, Apt. #, etc.		Suite, Ap. #, etc. 7		Election Campaign Financing     Trust Fund Contribution	, D	\$5.00 May Be Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?				
Zip Country		Zip Country		8. This corporation owes or has paid the current year Intangible				
24	26	29 34/03 3	_ // /	rek	Personal Property Tax due J		¥es □ No	
	9, Name and Address of Curren	nt Registered Agent	81 Na		10. Name and Address of New	Registered Ag	ent	
WOLDERT ORFO				ame				
WOLPERT, GREG G   C/O PULTE HOME CORPORATION			82 St	reet Addre	ss (P.O. Box Number is Not Accep	otable)		
	VESTPORT DRIVE		83 B4 City					
FORT M	YERS FL 33908					FL	85 Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617,050 egistered agent, or both, in the State m familiar with, and accept the obligi	2 and 617.1508, Florida Statutes of Florida. Such change was aut ations of, Section 617.0503, Florid	, the above-na horized by the da Statutes.	med corpo corporatio	ration submits this statement for the on's board of directors. I hereby ac	ne purpose of cl ccept the appoir	nanging its registered ntment as registered	
SIGNATURE .	Signature, typed or printed name of registered age	ont and title if anolicable (NOTE: 6	Registered Agent sig	natura monitor	( when reinstation)	DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO O		RECTORS IN 12	
TITLE	PD	DELETE	1.1 THUE				Change	
NAME	WOLPERT, GREG G		1.2 NAME					
STREET ADDRESS	14581 WESTPORT DRIVE FORT MYERS FL 33908		1.3 STREET ADDR					
CITY-ST-ZIP TITLE	STD	-EXT DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	<b>1</b>	7-3		Change	
HAME	HUTCHINGS, MICHAEL G		2.2 NAME	1011	Man M. Meeks	1 1	,	
STREET ADDRESS	14581 WESTPORT DRIVE		2.3 STREET ADDR	ESS 3	220 Bonto Bills	like 5	<b>花 4/3</b>	
C/TY-ST-ZIP	FORT MYERS FL 33908	DELETE	2.4 CITY-ST-ZI	·   <	south Springs	, F.C. 3	Change Addition	
TITLE NAME	VD COMEGYS, LAWRENCE S	DELEGE	3.1 TITLE 3.2 NAME		Loon Bookts/	( <u> </u>	Tringings May vocition	
STREET ADDRESS	14581 WESTPORT DRIVE		3.3 STREET ADDR	ESS 25	Mam M. Meeks 220 Bonta Beac Bonila Springs haap Bechtel 135 Jour STN Se	201	_	
CITY-ST-ZIP	FORT MYERS FL 33908		3.4. CITY-ST-ZI	, ,	wasto FC	3410	5 5	
TITLE		☐ DELETE	4.1 TITLE		<del></del>		Change Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDR		•			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	<u></u>			Change	
NAME		( OLLET	5.1 HILE 5.2 NAME			_	T CHANGE TO PROGRESS.	
STREET ADDRESS			5.3 STREET ADDR	iess				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			L	Change Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDR	ESS				
I 0.00 / 07 700			A 4 0/704 OT 700	ı				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual eport 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 sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attacking twith an address.