

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90826 002 ****61.25

DOCUMENT # N96000003455

1. Entity Name

ARIELLE RECREATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O PULTE HOME CORPORATION
 14581 WESTPORT DRIVE
 FORT MYERS FL 33908

C/O IPM
 3435 10TH ST N STE 207
 NAPLES FL 34103
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0826655

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

WOLPERT, GREG G
C/O PULTE HOME CORPORATION
14581 WESTPORT DRIVE
FORT MYERS FL 33908

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **WOLPERT, GREG G**
 STREET ADDRESS **14581 WESTPORT DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DTS** Delete
 NAME **MEEKS, WILLIAM**
 STREET ADDRESS **M 9220 BONITA BLACK END STE 215**
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **BECHTEL, RICHARD**
 STREET ADDRESS **3435 10TH ST N STE 201**
 CITY-ST-ZIP **NAPLAS FL 34105**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GRIFFITH, SCOTT**
 STREET ADDRESS **9220 BONITA BCH RD.**
 CITY-ST-ZIP **BONITA SPGS FL**

TITLE **V/D** Change Addition
 NAME **Hoffman, Jill**
 STREET ADDRESS **9220 Bonita Bch Rd., #215**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED** *W.M. Meeks* *4.23.01* *941-434-7447*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)