

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90199 030 \*\*\*\*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

**2155 Arielle Drive**

Suite, Apt. #, etc.

City & State

City & State

**Naples, FL**

Zip: **34108**

Country: **ASSOCIATION, INC**

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: **Scott Hennells**

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

**Weibel & Hennells**

**9240 Bonita Beach Rd, #3305**

City **Bonita Springs** **FL** Zip Code **34135**

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 **Scott D. Hennells**

**Scott D. Hennells**

**4/12/02**

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 **P/D** ☐ Change ☒ Addition  
NAME **Fitzgerald, Steve**  
STREET ADDRESS **2250 Arielle Drive**  
CITY-ST-ZIP **Naples, FL**

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

TITLE **S/D** ☐ Change ☒ Addition  
NAME **Curlin, Calvert**  
STREET ADDRESS **2230 Arielle Drive**  
CITY-ST-ZIP **Naples, FL**

TITLE **D** ☒ Delete  
NAME **HOFFMAN, JILL**  
STREET ADDRESS **9220 BONITA BCH RD.**  
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **T/D** ☐ Change ☒ Addition  
NAME **Lowris, Marie**  
STREET ADDRESS **2200 Arielle Drive**  
CITY-ST-ZIP **Naples, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V/D** ☐ Change ☒ Addition  
NAME **Houston, Lynn**  
STREET ADDRESS **2130 Arielle Dr., #307**  
CITY-ST-ZIP **Naples, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Corfias, John**  
STREET ADDRESS **2165 Arielle Drive**  
CITY-ST-ZIP **Naples, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Weinstein, Linda**  
STREET ADDRESS **2110 Arielle Drive**  
CITY-ST-ZIP **Naples, FL**

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: **Stephen Fitzgerald** **Stephen Fitzgerald** **Apr 10, 2002** **239-434-7447**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0345271

CR2E037 (9/01)