

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90089 044 ****61.25

DOCUMENT # N96000003455

1. Entity Name

ARIELLE RECREATION ASSOCIATION, INC.



Principal Place of Business

**2155 ARIELLE DRIVE
NAPLES FL 34108**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

*14th Property Management
Suite, Apt. #, etc.
15660 San Carlos Blvd, Suite 40*

Suite, Apt. #, etc.

City & State

City & State

FL Myers, FL

Zip

Country

Zip

33908

Country

U.S.

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

**HENNELLS, SCOTT
WEIBEL & HENNELLS
9240 BONITA BEACH RD #3305
BONITA SPRINGS FL 34135**

Name

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

15660 San Carlos Blvd. #40

City

FL Myers FL 33908

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: *Paul L Sapp*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	FITZGERALD, STEVE	
STREET ADDRESS	2250 ARIELLE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CURLIN, CALVERT	
STREET ADDRESS	2230 ARIELLE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOWRIS, MARIE	
STREET ADDRESS	2200 ARIELLE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOUSTON, LYNN	
STREET ADDRESS	2130 ARIELLE DR. #307	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORFIAS, JOHN	
STREET ADDRESS	2165 ARIELLE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN, LINDA	
STREET ADDRESS	2110 ARIELLE DRIVE	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>15660 San Carlos Blvd, Suite 40</i>	
CITY-ST-ZIP	<i>FL Myers, FL 33908</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	<i>FL Myers, FL 33908</i>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Paul L Sapp* **SIGNATURE REQUIRED**

1-8-03

CR2E037 (10/02)