

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004734 (7)

1. Corporation Name

ARIELLE SECTION VI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 14581 WESTPORT DR. FT. MYERS FL 33908	Mailing Address 14581 WESTPORT DR. FT. MYERS FL 33908
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3. Date Incorporated or Qualified 09/11/1996	4. FEI Number 59-3445764	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Is this nonprofit corporation a homeowners association? 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent WOLPERT, GREG G 14581 WESTPORT DR. FT. MYERS FL 33908	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	WOLPERT, GREG G
STREET ADDRESS	14581 WESTPORT DR.
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	DV
NAME	COMEGYS, LAWRENCE S
STREET ADDRESS	14581 WESTPORT DR.
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	DST
NAME	HUTCHINGS, MICHAEL G
STREET ADDRESS	14581 WESTPORT DR.
CITY-ST-ZIP	FT. MYERS FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CONNIE MALK
2.3 STREET ADDRESS	2110 ARIELLE DR #108
2.4 CITY-ST-ZIP	NAPLES FL 34109
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MICHAEL MALK
3.3 STREET ADDRESS	9120 BONITA BEACH DR STE 215
3.4 CITY-ST-ZIP	BONITA SPRING FL 34135
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RICHARD BELCHER
4.3 STREET ADDRESS	3435 10th ST N. #201
4.4 CITY-ST-ZIP	NAPLES FL 34103
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)