

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91621 002 \*\*\*\*61.25

**DOCUMENT # N96000004734**

1. Entity Name

**ARIELLE SECTION VI CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

14581 WESTPORT DR.  
 FT. MYERS FL 33908

C/O IPM  
 3435 10TH ST. N., SUITE 201  
 NAPLES FL 34103

80081376



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2155 Arielle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

4. FEI Number

59-3445764

Applied For

Not Applicable

Zip

34108

Country

Country

Country

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  
 14581 WESTPORT DR.  
 FT. 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 DP  
 NAME WOLPERT, GREG G  
 STREET ADDRESS 14581 WESTPORT DR.  
 CITY-ST-ZIP FT. MYERS FL 33908 ☒ Delete

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

TITLE D  
 NAME MACK, CONNIE  
 STREET ADDRESS 2110 ARIELLE DR., #108  
 CITY-ST-ZIP NAPLES FL 34109 ☒ Delete

TITLE S/T/D  
 NAME Kelleher, Ruth  
 STREET ADDRESS 2110 Arielle Drive  
 CITY-ST-ZIP Naples, FL ☐ Change ☒ Addition

TITLE DST  
 NAME MEEKS, MICHAEL  
 STREET ADDRESS 9220 BONITA BEACH, SUITE 215  
 CITY-ST-ZIP BONITA SPRINGS FL 34135 ☒ Delete

TITLE V/D  
 NAME Gardner, John  
 STREET ADDRESS 2110 Arielle Drive  
 CITY-ST-ZIP Naples, FL ☐ Change ☒ Addition

TITLE VP  
 NAME HOFFMAN, JILL  
 STREET ADDRESS 9220 BONITA BEACH RD #215  
 CITY-ST-ZIP BONITA SPRINGS FL 34135 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Linda Weinstein*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/02

239-434-7447

CR2E037 (9/01)