

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-03-2003 90076 004 ****61.25

DOCUMENT # N96000004734

1. Entity Name

ARIELLE SECTION VI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2155 ARIELLE DRIVE
NAPLES FL 34108**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**PLM Property Management
15660 San Carlos Blvd, Suite 40
Ft Myers, FL
33908**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3445764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**Name: Paul Sapp
Street Address (P.O. Box Number is Not Acceptable):
PLM Property Management
15660 San Carlos Blvd, Suite 40
City: Ft Myers FL Zip Code: 33908**

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 Sapp**
(Signature, typed or printed name of registered agent or 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTEIN, LINDA 2110 ARIELLE DRIVE NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLEHER, RUTH 2110 ARIELLE DRIVE NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARDNER, JOHN 2110 ARIELLE DRIVE NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	15660 San Carlos Blvd, Suite 40 Ft Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15660 San Carlos Blvd, Suite 40 Ft Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15660 San Carlos Blvd, Suite 40 Ft Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Sapp Assist Sec 15660 San Carlos Blvd #40 Ft Myers FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Paul Sapp** **SIGNATURE REQUIRED**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

1-8-03

CR2E037 (10/02)