

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90270 050 ****61.25

DOCUMENT # **N96000004736**

1. Corporation Name

ARIELLE SECTION II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14581 WESTPORT DR.
FT. MYERS FL 33908

Mailing Address

%PM
3435 10TH ST N STE 201
NAPLES FL 34103



2. Principal Place of Business

21 2155 Arielle Drive

Suite, Apt. #, etc.

22 City & State
Naples, Florida

23 Zip 34109

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/11/1996

4. FEI Number

65-0826648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 John MacKie Becker & Poliakoff, PA

82 Street Address (P.O. Box Number is Not Acceptable)
Collier Place One - Suite 210

83 3003 Tamiami Trail North

84 City

Naples

FL

85 Zip Code
34103

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 *John D MacKie*
Signature, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

4/12/99
DATE

12. OFFICERS AND DIRECTORS

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

TITLE D ☒ DELETE
NAME MEEKS, WILLIAM M.
STREET ADDRESS 9220 BONITA BEACH ROAD #215
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE D ☒ DELETE
NAME GOLIX, STEPHEN
STREET ADDRESS 2265 ARIELLE DR
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME Gentile, Gerard
1.3 STREET ADDRESS 2255 Arielle Drive
1.4 CITY-ST-ZIP Naples, FL 34109

2.1 TITLE DVP ☐ Change ☒ Addition
2.2 NAME Golia, Stephen
2.3 STREET ADDRESS 2265 Arielle Drive
2.4 CITY-ST-ZIP Naples, FL 34109

3.1 TITLE D/S/T ☐ Change ☒ Addition
3.2 NAME McCrystal, Donald
3.3 STREET ADDRESS 2140 Arielle Dr.
3.4 CITY-ST-ZIP Naples, FL 34109

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/99

941-434-7447

CR2E037 (11/98)