

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90029 016 ****61.25

DOCUMENT # N98000000837

1. Entity Name

ARIELLE SECTION III CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

C/O INTEGRATED PROPERTY MGMT
 3435 10TH ST N. STE 201
 NAPLES FL 34103

C/O INTEGRATED PROPERTY MGMT
 3435 10TH ST N. STE 201
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0907734

Applied For

Not Applicable

Zip

Country

Zip

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

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

Name

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

City

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.

SIGNATURE

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 ☒ Delete
 NAME **MINKER, CLARK**
 STREET ADDRESS **2245 ARIELLE DRIVE**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☒ Addition
 NAME **P/D Curlin, Calvert**
 STREET ADDRESS **2230 Arielle Drive**
 CITY-ST-ZIP **Naples, FL**

TITLE ☒ Delete
 NAME **MAYER, VALERIE**
 STREET ADDRESS **2220 ARIELLE DR**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☒ Addition
 NAME **S/T/D Nauenschwander, David**
 STREET ADDRESS **2220 Arielle Drive**
 CITY-ST-ZIP **Naples, FL**

TITLE ☐ Delete
 NAME **LOUGHRAN, JIM**
 STREET ADDRESS **2245 ARIELLE DRIVE**
 CITY-ST-ZIP **NAPLES FL 34145**

TITLE ☒ Change ☐ Addition
 NAME **V/D Loughran, Jim**
 STREET ADDRESS **2245 Arielle Drive**
 CITY-ST-ZIP **Naples, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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 which I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Calvert
Curlin

22 April 2002

Daytime Phone #

CR2E037 (9/01)