

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90076 044 ****61.25

DOCUMENT # N98000000837



1. Entity Name
ARIELLE SECTION III CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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

90016507



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2220 ARIELLE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

RTM Property Management
Suite, Apt. #, etc.
15660 San Carlos Blvd Suite 40

City & State

Naples, FL 34108

City & State

FE MYERS, FL

4. FEI Number **65-0907734**

Applied For

Not Applicable

Zip

Country

US

Zip

Country

33908

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HENNELLIS, SCOTT
WEIBEL & HENNELLIS
9240 BONITA 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)

15660 San Carlos Blvd, Suite 40

City **FE MYERS**

FL

Zip Code **33908**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Paul Sapp**
Signature, typed or printed name of registered agent and 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 **PD** ☐ Delete
NAME **CURLIN, CALVERT**
STREET ADDRESS **2230 ARIELLE DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **STD** ☐ Delete
NAME **BAUENSCHWANDER, DAVID**
STREET ADDRESS **2220 ARIELLE DR**
CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15660 San Carlos Blvd, Suite 40**
CITY-ST-ZIP **FE MYERS, FL 33908**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **15660 San Carlos Blvd, Suite 40**
CITY-ST-ZIP **FE MYERS, FL 33908**

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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 all other like empowered.

SIGNATURE: **Paul Sapp** **SIGNATURE REQUIRED**

1-8-02

CR2E037 (10/02)