

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004707
Entity Name
ARIELLE SECTION IV CONDOMINIUM ASSOCIATION, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State
05-02-2000 90038 032 ****61.25

Principal Place of Business
BONITA BEACH ROAD #215
SPRINGS FL 34135

Mailing Address
9220 BONITA BEACH ROAD #215
BONITA SPRINGS FL 34135-4231

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3631746 APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WOLPERT, GREG G
C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD #215
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 re-registering)	DATE
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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
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF 10		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	9220 BONITA BEACH ROAD #215		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL 34135		CITY - ST - ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MEEKS, W M		NAME		
STREET ADDRESS	9220 BONITA BEACH ROAD #215		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL 34135		CITY - ST - ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRIFFITH, R S		NAME		
STREET ADDRESS	9220 BONITA BEACH ROAD #215		STREET ADDRESS		
CITY - ST - ZIP	BONITA SPRINGS FL 34135		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: GREG WOLPERT 4/17/00 941-434-7447