

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90423 037 ****61.25

DOCUMENT # N98000004707

1. Entity Name

ARIELLE SECTION IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9220 BONITA BEACH ROAD #215
BONITA SPRINGS FL 34135

9220 BONITA BEACH ROAD #215
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

2155 Arielle Drive

90 Integrated Prop. Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3435-10th St. N., #201

City & State
Naples, FL

City & State
Naples, FL

Zip

34108

Country

Zip

34103

Country

4. FEI Number

59-3631746

Applied For

Not Applicable

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

WOLPERT, GREG G
C/O PULTE HOME CORPORATION
9220 BONITA BEACH ROAD #215
BONITA SPRINGS FL 34135

Name

Scott Hennells

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

Weibel & Hennells

9240 Bonita Beach Rd., #3305

City

Bonita Springs

FL

Zip Code

34135

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

Scott D. Hennells

Scott D. Hennells

4/10/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

59-3631746

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 PD ☒ Delete
NAME WOLPERT, GREG G
STREET ADDRESS 9220 BONITA BEACH ROAD #215
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Change ☒ Addition
NAME P/D
STREET ADDRESS Lowris, Marie
CITY-ST-ZIP 2200 Arielle Drive
Naples, FL

TITLE STD ☒ Delete
NAME MEEKS, W M
STREET ADDRESS 9220 BONITA BEACH ROAD #215
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Change ☒ Addition
NAME S/T/D
STREET ADDRESS Brock, James
CITY-ST-ZIP 2215 Arielle Drive
Naples, FL

TITLE D ☒ Delete
NAME NEWSTROM, KEN
STREET ADDRESS 2205 ARIELLE DR
CITY-ST-ZIP NAPLES FL 34135

TITLE ☐ Change ☒ Addition
NAME V/D
STREET ADDRESS Horan, William
CITY-ST-ZIP 2200 Arielle Drive
Naples, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 all other like empowered.

SIGNATURE:

William J. Horan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

239-434-7447

Daytime Phone #

RECEIVED
APR 11 2002

CR2E037 (9/01)