

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90084 034 \*\*\*\*61.25

**DOCUMENT # N99000002655**

1. Entity Name

**ARIELLE SECTION V CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O PULTE HOME CORPORATION  
 9220 BONITA BEACH RD. SUITE 215  
 BONITA SPRINGS FL 34135

C/O PULTE HOME CORPORATION  
 9220 BONITA BEACH RD. SUITE 215  
 BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

*2155 Arielle Drive*

*40 Integrated Property Mgmt.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Naples, FL*

City & State

*Naples, FL*

Zip

*34108*

Country

Zip

*34103*

Country

4. FEI Number

*59-3631744*

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 RD, SUITE 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 Hennells*

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

(NOTE: Registered Agent signature required when reinstating)

*59-3631744*

DATE

*4/12/02*

**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 **WOLPERT, GREG G**  
 STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☒ Addition  
 NAME **P/D Corfias, John**  
 STREET ADDRESS **2165 Arielle Drive**  
 CITY-ST-ZIP **Naples, FL**

TITLE ☒ Delete  
 NAME **GRIFITH, R SCOTT**  
 STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☒ Addition  
 NAME **S/T/D Hartman, Robert**  
 STREET ADDRESS **2160 Arielle Drive**  
 CITY-ST-ZIP **Naples, FL**

TITLE ☒ Delete  
 NAME **MECKS, W MICHAEL**  
 STREET ADDRESS **9220 BONITA BEACH RD, SUITE 215**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE ☐ Change ☒ Addition  
 NAME **V/D Cialini, Jr., Joseph**  
 STREET ADDRESS **2185 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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:

*Robert W. Hartman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Hartman*  
 Date

*4-22-02*  
 Daytime Phone #

*239-434-7447*