

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90074 037 ****61.25

DOCUMENT # N99000002655

1. Entity Name

ARIELLE SECTION V CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2155 ARIELLE DRIVE
NAPLES FL 34108**

Mailing Address

**C/O INTEGRATED PROPERTY MGMT
3435 10 ST N. #201
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

PTM Property Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

15060 San Carlos Blvd. Suite 40

City & State

City & State

FT Myers, FL

Zip

Country

Zip

Country

33908

US

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

**HENNELLS, SCOTT
WEIBEL & HENNELLS
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)

PTM Property Management

15060 San Carlos Blvd, Suite 40

City

FT 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)

1/8/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CORFIAS, JOHN**
STREET ADDRESS **2165 ARIELLE DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **STD** ☐ Delete
NAME **HARTMAN, ROBERT**
STREET ADDRESS **2160 ARIELLE DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ Delete
NAME **CIALINI, JOSEPH JR**
STREET ADDRESS **2185 ARIELLE DRIVE**
CITY-ST-ZIP **NAPLES FL**

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 *15060 San Carlos Blvd, Suite 40*
CITY-ST-ZIP *FT MYERS, FL 33908*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *15060 San Carlos Blvd, Suite 40*
CITY-ST-ZIP *FT MYERS, FL 33908*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *15060 San Carlos Blvd, Suite 40*
CITY-ST-ZIP *FT MYERS, FL 33908*

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

TITLE ☐ Change ☐ Addition
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: *Paul Sapp* **REQUIRED**

1-8-03

CR2E037 (10/02)