

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
PTM Property Management
Suite, Apt. #, etc.
15060 San Carlos Blvd, Suite 40
City & State
Ft Myers, FL
Zip
33908

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* State **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* (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	<input type="checkbox"/> Delete
NAME	CORFIAS, JOHN	
STREET ADDRESS	2165 ARIELLE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARTMAN, ROBERT	
STREET ADDRESS	2160 ARIELLE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CIALINI, JOSEPH JR	
STREET ADDRESS	2185 ARIELLE DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>15060 San Carlos Blvd, Suite 40</i>	
CITY-ST-ZIP	<i>Ft MYERS, FL 33908</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>15060 San Carlos Blvd, Suite 40</i>	
CITY-ST-ZIP	<i>Ft MYERS, FL 33908</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>15060 San Carlos Blvd, Suite 40</i>	
CITY-ST-ZIP	<i>Ft MYERS FL 33908</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)