

**2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002284

**FILED**  
**Mar 06, 2026**  
**Secretary of State**  
**3537307916CC**

**Entity Name:** ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14171 METROPOLIS AVENUE  
FT MYERS, FL 33912

**Current Mailing Address:**

C/O COMMERCIAL PROPERTY SPECIALISTS  
PO BOX 61158  
FORT MYERS, FL 33906 US

**FEI Number:** 65-0511558

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUNIL, LALLA  
8890 SALROSE LANE #200  
FORT MYERS, FL 33912 US

*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:** SUNIL LALLA

03/06/2026

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP, PRESIDENT  
Name LALLA, SUNIL  
Address 8890 SALROSE LANE, #200  
City-State-Zip: FORT MYERS FL 33912  
  
Title SECRETARY, TREASURER  
Name HAAS, MELINDA  
Address C/O COMMERCIAL PROPERTY SPECIALISTS  
PO BOX 61158  
City-State-Zip: FORT MYERS FL 33906

Title VP  
Name HAAS, DAVID  
Address C/O COMMERCIAL PROPERTY SPECIALISTS  
PO BOX 61158  
City-State-Zip: FORT MYERS FL 33906

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MELINDA HAAS

03/06/2026

Electronic Signature of Signing Officer/Director Detail

Date