

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002284

FILED
Jan 23, 2015
Secretary of State
CC4844017583

Entity Name: ARIELLE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14171 METROPOLIS AVENUE
FT MYERS, FL 33912

Current Mailing Address:

8890 SALROSE LANE, #200
FORT MYERS, FL 33912

FEI Number: 65-0511558

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEPITONE, THOMAS
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DST
Name LOBOSCO, JOSEPH JR.
Address 8890 SALROSE LANE #200
City-State-Zip: FORT MYERS FL 33912

Title DP
Name LALLA, SUNIL LDR
Address 14171 METROPOLIS AVE STE 202
City-State-Zip: FORT MYERS FL 33912

Title DVP
Name ADU-SARKOKIE, HEATHER DR.
Address 14171 METROPOLIS AVE. STE 201
City-State-Zip: FORT MYERS FL 33912

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: JOSEPH LOBOSCO JR

DST

01/23/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date