

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N51135** (4)
1. Corporation Name
SPINEL AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3435 10 ST N, 201 NAPLES FL 33940 US
Mailing Address: 1044 CASTELLO DR. SUITE 206 NAPLES FL 33940

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 03/20/1995
4. FEI Number: 65-0393147
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21)
2a. Mailing Address (26)
22 Suite, Apt. #, etc. (27)
23 City & State (28)
24 Zip (25) Country (29) Zip (30) Country (30)

9. Name and Address of Current Registered Agent
**SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR.
SUITE 206
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when filing this)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, ROBERT	12 NAME	
STREET ADDRESS	313 GABRIEL CIRCLE, #12	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMMER, RUDOLPH	22 NAME	
STREET ADDRESS	313 GABRIEL CIRCLE #9	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, GARY	32 NAME	
STREET ADDRESS	345 GABRIEL CIRCLE #03	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAUSCH, PETER	42 NAME	
STREET ADDRESS	313 GABRIEL CIRCLE #10	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRICROCE, SR. R	52 NAME	
STREET ADDRESS	379 GABRIEL CIRCLE #9	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

TD
Monique C. Cretella
379 Gabriel Circle #2
Naples, Florida
D
John Jarvis
281 Gabriel Circle #2
Naples, Florida

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Curtis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT CURTIS

3-22-96 (941) 455-8915
Date Daytime Phone #

CR2E037 (12/95)