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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34103-1900

3. Date Incorporated or Qualified: 10/05/1992  
3a. Date of Last Report: 04/02/1996

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

4. FEI Number: 65-0393147  
Applied For: Not Applicable  
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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CURTIS, ROBERT	1.1 TITLE	
NAME	313 GABRIEL CIRCLE, #12	1.2 NAME	
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KAMMER, RUDOLPH	2.1 TITLE	
NAME	313 GABRIEL CIRCLE #9	2.2 NAME	
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<del>SD</del> THORNTON, GARY	3.1 TITLE	T/D
NAME	345 GABRIEL CIRCLE #03	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<del>TD</del> <del>MONIQUE, C C</del>	4.1 TITLE	S/D
NAME	<del>379 GABRIEL CIRCLE 2</del>	4.2 NAME	Tricoce, Rocco
STREET ADDRESS	<del>NAPLES FL</del>	4.3 STREET ADDRESS	379 Gabriel Cir. #2
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL
TITLE	D JARVIS, JOHN	5.1 TITLE	
NAME	281 GABRIEL CIRCLE 2	5.2 NAME	
STREET ADDRESS	NAPLES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4-14-97  
Daytime Phone: 941-352-6628

CR2E037 (9/96)