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FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

~~9485 10 ST N~~ ~~201~~ ~~NAPLES FL 33940~~ ~~US~~

~~1044 CASTELLO DR.~~ ~~SUITE 206~~ ~~NAPLES FL 33940~~

3. Date Incorporated or Qualified  
10/05/1992

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. *Elton Newell Property Mgmt* 26. *Elton Newell Property Mgmt*

22. *4148A Corporate Square* 27. *4148A Corporate Square*

23. *Naples FL* 28. *Naples FL*

24. *34104* 25. *USA* 29. *34104* 30. *USA*

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. *Newell, William*

82. *4148A Corporate Square*

83.

84. *Naples* FL 85. *34104*

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, for 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: *[Signature]* DATE: *4/21/98*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CURTIS, ROBERT	
STREET ADDRESS	313 GABRIEL CIRCLE, #12	
CITY-ST-ZIP	NAPLES FL	
TITLE	<del>VD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>KAMMER, RUDOLPH</del>	
STREET ADDRESS	<del>313 GABRIEL CIRCLE #9</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>TD</del>	<input type="checkbox"/> DELETE
NAME	<del>THORNTON, GARY</del>	
STREET ADDRESS	<del>345 GABRIEL CIRCLE #03</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TRICOCE, ROCCO	
STREET ADDRESS	379 GABRIEL CIR., #2	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JARVIS, JOHN	
STREET ADDRESS	281 GABRIEL CIRCLE 2	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME	<i>John Tricoce</i>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Thornton, Gary</i>
3.3 STREET ADDRESS	<i>124 Wickliffe Drive</i>
3.4 CITY-ST-ZIP	<i>Naples FL 34110</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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]* DATE: *4/21/98* (941) 413-4884

CR2E037 (10/97)