

FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90048 009 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N51135

1. Corporation Name
SPINEL AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

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| Principal Place of Business C/O NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQUARE NAPLES FL 34104 US | Mailing Address C/O NEWELL PROPERTY MANAGEMENT 4148A CORPORATE SQUARE NAPLES FL 34104 US |
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|---|--|---|--------------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 10/05/1992 | 4. FEI Number 65-0393147 | Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |

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| 9. Name and Address of Current Registered Agent NEWELL, WILLIAM 4148A CORPORATE SQUARE NAPLES FL 34104 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code |
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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: _____ | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | NAME | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD | CURTIS, ROBERT | 1.2 NAME | |
| STREET ADDRESS | 413 GABRIEL CIRCLE #12 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD | THORNTON, GARY | 2.2 NAME | |
| STREET ADDRESS | 124 WICKLIFFE DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34110 | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| SD | TRICOCE, ROCCO | 3.2 NAME | |
| STREET ADDRESS | 379 GABRIEL CIR #2 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| D | JARVIS, JOHN | 4.2 NAME | |
| STREET ADDRESS | 281 GABRIEL CIRCLE 2 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

Handwritten notes in Block 13:
 VD Tricoce, Rocco
 379 Gabriel Circle #09
 Naples FL 34104
 TD Jarvis, John
 281 Gabriel Circle #02
 Naples FL 34104
 SD Sheriff, Roxanne
 281 Gabriel Circle #01
 Naples FL 34104
 D Wandas, Shirley
 313 Gabriel Circle #10
 Naples FL 34104

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, with all other like empowered.

SIGNATURE: _____ DATE: 2/26/99 DAYTIME PHONE #: 941 894 0760

CR2E037 (11/98)