

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51135

1. Entity Name

SPINEL AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90293 025 \*\*\*\*61.25

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 34104-4753 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0393147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWELL, WILLIAM**  
**4148A CORPORATE SQUARE**  
**NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <del>VD</del> NAME <del>TRICOCE, ROCCO</del> STREET ADDRESS <del>379 GABRIEL CIRCLE, #09</del> CITY-ST-ZIP <del>NAPLES FL 34104</del>	<input type="checkbox"/> Delete
TITLE <del>PB</del> NAME <del>THORNTON, GARY</del> STREET ADDRESS <del>124 WICKOFFE DR</del> CITY-ST-ZIP <del>NAPLES FL 34110</del>	<input checked="" type="checkbox"/> Delete
TITLE <del>TD</del> NAME <del>JARVIS, JOHN</del> STREET ADDRESS <del>781 GABRIEL CIRCLE, #02</del> CITY-ST-ZIP <del>NAPLES FL 34104</del>	<input type="checkbox"/> Delete
TITLE <del>SD</del> NAME <del>SHERIFFS, ROXANNE</del> STREET ADDRESS <del>281 GABRIEL CIRCLE, #01</del> CITY-ST-ZIP <del>NAPLES FL 34104</del>	<input type="checkbox"/> Delete
TITLE <del>D</del> NAME <del>WANDAS, SHIRLEY</del> STREET ADDRESS <del>313 GABRIEL CIRCLE, #10</del> CITY-ST-ZIP <del>NAPLES FL 34104</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <del>VD</del> NAME <del>Tricoce, Rocco</del> STREET ADDRESS <del>379 Gabriel Circle #09</del> CITY-ST-ZIP <del>Naples FL 34104</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <del>VD</del> NAME <del>Garver, Dean</del> STREET ADDRESS <del>313 Gabriel Circle #02</del> CITY-ST-ZIP <del>Naples FL 34104</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <del>TD</del> NAME <del>Garvis, John</del> STREET ADDRESS <del>281 Gabriel Circle #02</del> CITY-ST-ZIP <del>Naples FL 34104</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <del>TD</del> NAME <del>Wandas, Shirley</del> STREET ADDRESS <del>313 Gabriel Circle #10</del> CITY-ST-ZIP <del>Naples FL 34104</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3-2-00** DAYTIME PHONE #: **941-353-6678**

CFE037 (9/99)