

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90090 036 ****61.25

DOCUMENT # N51135

1. Entity Name

SPINEL AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O NEWELL PROPERTY MANAGEMENT
 4148A CORPORATE SQUARE
 NAPLES FL 34104
 US

C/O NEWELL PROPERTY MANAGEMENT
 4148A CORPORATE SQUARE
 NAPLES FL 34104
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0393147

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, WILLIAM
4148A CORPORATE SQUARE
NAPLES FL 34104

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TRICOCE, ROCCO	
STREET ADDRESS	379 GABRIEL CIRCLE, #09	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHERIFFS, ROXANNE	
STREET ADDRESS	281 GABRIEL CIRCLE, #01	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FULLERTON, CONNIE	
STREET ADDRESS	313 GABRIEL CIRCLE # 5	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TEETER, JOHN	
STREET ADDRESS	345 BAGRIEL CIRCLE # 5	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Teeter, John	
STREET ADDRESS	345 Gabriel Circle #5	
CITY-ST-ZIP	Naples FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Connie Fullerton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

353-3946
 Daytime Phone #

CR2E037 (9/01)