

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90234 022 ****61.25

DOCUMENT # N94000005797

1. Corporation Name

AMETHYST CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business

C/O R & P PROPERTY MGMT.
265 AIRPORT ROAD S
NAPLES FL 3401
US

Mailing Address

C/O R & P PROPERTY MGMT.
265 AIRPORT ROAD S
NAPLES FL 34101
US



2. Principal Place of Business

21 Southwest Property Mgmt-
Suite, Apt. #, etc.

22 1044 Castello Drive #200

23 Naples, FL

24 34103 25 USA

2a. Mailing Address

26 1044 Castello Drive

27 Suite 200

28 Naples, FL 34103

29 34103 30 USA

3. Date Incorporated or Qualified

11/23/1994

4. FEI Number

65-0581135

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

9. Name and Address of Current Registered Agent

R&P PROPERTY MGMT.
265 AIRPORT ROAD S
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name Southwest Property Management Corp.
82 Street Address (P.O. Box Number is Not Acceptable) 1044 Castello Drive
83 Suite 200
84 City Naples, FL 85 Zip Code 34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE

NAME RAWLEY, CHRIS
STREET ADDRESS 550 GABRIEL CIRCLE, #4
CITY-ST-ZIP NAPLES FL

TITLE PD ☐ DELETE

NAME BRUNDAGE, HAL HAROLD
STREET ADDRESS 550 GABRIEL CIRCLE, #7
CITY-ST-ZIP NAPLES FL

TITLE VTD ☐ DELETE

NAME PHILBIN, PATRICK J.
STREET ADDRESS 550 GABRIEL CIRCLE, #2
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPT ☐ Change ☐ Addition

1.2 NAME SNOWDON
1.3 STREET ADDRESS 550 Gabriel Circle, #3
1.4 CITY-ST-ZIP Naples, FL 34104

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ST ☐ Change ☐ Addition

3.2 NAME GUCCIA, Sharel
3.3 STREET ADDRESS 550 Gabriel Circle, #6
3.4 CITY-ST-ZIP Naples, FL 34112

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *H. Brundage* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 Apr 99

CR2E037 (11/98)