**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 # N9400005797

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

Mailing Address

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

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21 Of Thrust Program   Applied For   Subs. April 2   Subs. Apr	2. Principal Pl	ace of Business 2	a. Mailing Address	1- 5	3. Date Incorporated or Qualifed	-	-			
22   OUT   Castello   Drive 20027   Suite 2000   September   Sep	21 SV 12	1 /) · · · · · M _ /	I IOUU (Astoli	10 DRING	11/23/1994					
Name and Address of Courtent Registered Agent   St. Certificate of Status Desired   \$8.75 Additional Fee Required   \$1.00 April   \$1.00 Apri	Suite, Apt.	mest frequences marin +=	Duite Ant # ata			Appli	ied For			
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23 34103   25 USA   29 34103   39   Trust Fund Contribution   Added to Fees    9. Name and Address of New Registered Agent   10. Name and New Address of New Registered Agent   10. Name and New Address of New Registered Agent   10. Name and New Address of New Registered Agent   10. Name and New Address   10. Name and New Address of New Registered Agent   10. Name and New Address of New Registered Agent   10. Name and New Address   10. Name and New A	23/1/1/2	<del>                                      </del>	The prest of	Country	6 Flection Campaign Financing	\$5.00 M	lav Be			
9. Name and Address of Current Registered Agent  19. Name and Address of New Registered Agent  19. Name and Addres	- 13/1/	$^{\circ}$	7/11/02 3	1 1/5A	1 1	•	•			
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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 chapter 6, or on an adachment with an address, with all other like empowered.

**SIGNATURE:** 

Daytime Phone #