


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90261 040 ****61.25

DOCUMENT # N94000005797 1. Entity Name AMETHYST CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US			Mailing Address 2685 HORSESHOE DR S #215 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		
6. Name and Address of Current Registered Agent AVDIA, MARK 516 GABRIEL CIRCLE #4 NAPLES, FL 34104					
7. Name and Address of New Registered Agent Name: Reginald Mears Street Address (P.O. Box Number is Not Acceptable): 550 Gabriel Cir. #3102 City: Naples , FL Zip Code: 34104					
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>William R. Plasky</i></u> DATE: <u><i>4/23/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VD	<input checked="" type="checkbox"/> Delete			
NAME	AVDIA, MARK				
STREET ADDRESS	516 GABRIEL CIRCLE #4				
CITY-ST-ZIP	NAPLES, FL 34104				
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	SCHUSTEN, DICK				
STREET ADDRESS	550 GABRIEL CIRCLE #8				
CITY-ST-ZIP	NAPLES, FL 34104				
TITLE	TD	<input checked="" type="checkbox"/> Delete			
NAME	SCHROETER, ADELHEID				
STREET ADDRESS	550 GABRIEL CIRCLE #3110				
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		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Reginald Mears				
STREET ADDRESS	550 Gabriel Cir #3102				
CITY-ST-ZIP	Naples, FL. 34104				
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	William Plasky				
STREET ADDRESS	550 Gabriel Cir #3107				
CITY-ST-ZIP	Naples, FL. 34104				
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Chris Rawley				
STREET ADDRESS	550 Gabriel Cir. #4				
CITY-ST-ZIP	Naples, FL. 34104				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Barbara Randlett				
STREET ADDRESS	516 Gabriel Cir #3207				
CITY-ST-ZIP	Naples, FL. 34104				
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Donald Snow				
STREET ADDRESS	516 Gabriel Cir #3203				
CITY-ST-ZIP	Naples, FL. 34104				
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Sue Mears				
STREET ADDRESS	550 Gabriel Cir #3102				
CITY-ST-ZIP	Naples, FL. 34104				
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 lines empowered.					
SIGNATURE: <u><i>William R. Plasky</i></u> DATE: <u><i>4/23/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

94073162




04152004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0581135 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Attachment

DOCUMENT # N94000005797					
1. Entity Name AMETHYST CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US			Mailing Address 2685 HORSESHOE DR S #215 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 65-0581135	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AVDIA, MARK 516 GABRIEL CIRCLE #4 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AVDIA, MARK 516 GABRIEL CIRCLE #4 NAPLES, FL 34104	William Weaver 516 Gabriel Cir #3206 Naples, FL 34104			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHUSTEN, DICK 550 GABRIEL CIRCLE #8 NAPLES, FL 34104	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHROETER, ADELHEID 550 GABRIEL CIRCLE #3110 NAPLES, FL 34104	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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: <i>William R. Plasky</i> 4/23/04					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					