

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		<p style="text-align: center; font-size: 24pt; font-weight: bold;">94073162</p> 	
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	
				Applied For Not Applicable	
				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: <u>Reginald Mears</u> Street Address (P.O. Box Number is Not Acceptable) <u>550 Gabriel Cir. #3102</u> City: <u>Naples</u> , FL Zip Code <u>34104</u>	
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>William R. Plasky</u>				DATE: <u>4/23/04</u>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVDIA, MARK		NAME	Reginald Mears	
STREET ADDRESS	516 GABRIEL CIRCLE #4		STREET ADDRESS	550 Gabriel Cir #3102	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	Naples, FL. 34104	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUSTEN, DICK		NAME	William Plasky	
STREET ADDRESS	550 GABRIEL CIRCLE #8		STREET ADDRESS	550 Gabriel Cir #3107	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	Naples, FL. 34104	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHROETER, ADELHEID		NAME	Chris Rawley	
STREET ADDRESS	550 GABRIEL CIRCLE #3110		STREET ADDRESS	550 Gabriel Cir. #4	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	Naples, FL. 34104	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Barbara Randlett	
STREET ADDRESS			STREET ADDRESS	516 Gabriel Cir #3207	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL. 34104	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Donald Snow	
STREET ADDRESS			STREET ADDRESS	516 Gabriel Cir #3203	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL. 34104	
TITLE		<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Sue Mears	
STREET ADDRESS			STREET ADDRESS	550 Gabriel Cir #3102	
CITY-ST-ZIP			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>William R. Plasky</u>				DATE: <u>4/23/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

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Attachment

DOCUMENT # N94000005797 1. Entity Name AMETHYST CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.			
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0581135		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 AVDIA, MARK 516 GABRIEL CIRCLE #4 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. 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>			
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\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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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. Placke</i>		Date: <i>4/23/04</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	