

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005797

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** AMETHYST CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S #215  
NAPLES, FL 34104 US

**New Mailing Address:**

**FEI Number:** 65-0581135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEARS, REGINALD  
550 GABRIEL CIRCLE #3102  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MEARS, REGINALD  
Address: 550 GABRIEL CIR. #3102  
City-St-Zip: NAPLES, FL 34104

Title: DD  
Name: SIPOS, JAMES G  
Address: 550 GABRIEL CIRCLE #3110  
City-St-Zip: NAPLES, FL 34104

Title: DVP  
Name: TAPLEY, JOEL  
Address: 516 BAGRIEL CIRCLE #3208  
City-St-Zip: NAPLES, FL 34104

Title: DS  
Name: FOLEY, WILLIAM  
Address: 5 REGAL PINES DRIVE  
City-St-Zip: SCARBOROUGH, ME 04074

Title: DT  
Name: TUTHILL, SHEILA  
Address: 550 GABRIEL CIRCLE, #3108  
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REGINALD MEARS

DP

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date