

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51135

**FILED**  
**Apr 08, 2022**  
**Secretary of State**  
**7513023274CC**

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

**Current Principal Place of Business:**

C/O RESORT MGMT.  
2685 HORSESHOE DR. S, #215  
NAPLES, FL 34104

**Current Mailing Address:**

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

**FEI Number: 65-0393147**

**Certificate of Status Desired: No**

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

GREUSEL, JAMIE B.  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145 US

*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: JAMIE B. GREUSEL**

**04/08/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FULLERTON, CONNIE  
Address C/O RESORT MGMT.  
2685 HORSESHOE DR. S, #215  
City-State-Zip: NAPLES FL 34104

Title VP  
Name SMITH, JOHN  
Address C/O RESORT MGMT.  
2685 HORSESHOE DR. S, #215  
City-State-Zip: NAPLES FL 34104

Title SECRETARY  
Name SHEEHAN, JANET  
Address C/O RESORT MGMT.  
2685 HORSESHOE DR. S, #215  
City-State-Zip: NAPLES FL 34104

Title TREASURER  
Name VOISLOW, THOMAS  
Address C/O RESORT MGMT.  
2685 HORSESHOE DR. S, #215  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name GOULDEN, RICHARD  
Address C/O RESORT MGMT.  
2685 HORSESHOE DR. S, #215  
City-State-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: JANET SHEEHAN**

**SECRETARY**

**04/08/2022**

Electronic Signature of Signing Officer/Director Detail

Date