

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51135

FILED
Mar 12, 2018
Secretary of State
CC0685540257

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:

RESORT MANAGEMENT
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: ROBERT ROSENOW

03/12/2018

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: CONNIE FULLERTON

PRESIDENT

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date