

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51135

**FILED  
Apr 04, 2014  
Secretary of State  
CC4406000549**

**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:**

LAW OF JAMIE GREUSEL  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name REIF, MARGARET  
Address 345-06 GABRIEL CIRCLE  
City-State-Zip: NAPLES FL 34104

Title P  
Name FULLERTON, CONNIE  
Address 313 GABRIEL CIRCLE # 5  
City-State-Zip: NAPLES FL 34104

Title S  
Name SHEEHAN, JANET  
Address 379 GABRIEL CIRCLE #03  
City-State-Zip: NAPLES FL 34104

Title T  
Name JARVIS, JOHN  
Address 281 GABRIEL CIRCLE #02  
City-State-Zip: NAPLES FL 34104

Title VP  
Name SHERIFFS, ROXANNE  
Address 281 GABRIEL CIRCLE # 06  
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**

**04/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date