

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51135

**FILED
Mar 13, 2015
Secretary of State
CC9421795689**

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 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

Title DIRECTOR
Name EDWINA, VOISLOW
Address 605 MIDDLE ST #1
City-State-Zip: BRAintree MA 02184

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

03/13/2015

Electronic Signature of Signing Officer/Director Detail

Date