

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000005797

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

FILED
Nov 09, 2023
Secretary of State
522283648CR

Current Principal Place of Business:

2685 HORSESHOE DR S.
#215
NAPLES, FL 34104

Current Mailing Address:

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

FEI Number: 65-0581135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

11/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MURPHY, DARIA
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title VP
Name MORRISSEY, JAMES
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name POLAKOWSKI, MAUREEN
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name HUFFOR, SUZANNE
Address C/O RESORT MANAGEMENT
 2685 HORSESHOE DR S #215
City-State-Zip: NAPLES FL 34104

Title SECRETARY
Name RIGHI, BRUCE
Address C/O RESORT MANAGEMENT
 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: DARIA MURPHY

PRESIDENT

11/09/2023

Electronic Signature of Signing Officer/Director Detail

Date