2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N00000007566

Entity Name: QUARTZ AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE#215
NAPLES, FL 34104

Current Mailing Address:

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

New Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE#215
NAPLES, FL 34104

FEI Number: 59-3681899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VALENTINE, CHARLES
680 LUISA LN 03
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

VALENTINE, CHARLES
680 LUISA LANE #3
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: CHARLES VALENTINE 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VALENTINE, CHARLES E
Address: 680 LUISA LN 03
City-St-Zip: NAPLES, FL 34104

Title: VP ( ) Delete
Name: SULLIVAN, MARIA
Address: 695 LUIS LANE #3
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VALENTINE, CHARLES E
Address: 680 LUISA LANE #3
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change ( ) Addition
Name: SULLIVAN, MARIA
Address: 695 LUISA LANE #3
City-St-Zip: NAPLES, FL 34104

Title: ST ( ) Change (X) Addition
Name: WAGNER, PATRICE
Address: 720 LUISA LANE #1
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES VALENTINE P 04/23/2009
Electronic Signature of Signing Officer or Director Date