


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90251 049 ****61.25

DOCUMENT # N02000005457 1. Entity Name TOURMALINE AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O RESORT MGMT. 2685 HORSESHORE DR. S, #215 NAPLES, FL 34104			Mailing Address C/O RESORT MGMT. 2685 HORSESHORE DR. S, #215 NAPLES, FL 34104		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent ABRAMS, WILLIAM 725 LUISA LANE #02 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Roger Hale</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-31-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, WILLIAM			NAME	
STREET ADDRESS	725 LUISA LANE, #02			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, ROGER			NAME	
STREET ADDRESS	730 LUISA LANE, #03			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARA, CHARLES			NAME	
STREET ADDRESS	750 LUISA LANE, #03			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEDOVICH, RATOMIR			NAME	
STREET ADDRESS	750 LUISA LANE, #01			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALIGORA, JOHN			NAME	
STREET ADDRESS	730 LUISA LANE, #02			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Roger Hale</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4-31-06</u> <small>Date Daytime Phone #</small>	