

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90155 044 ****61.25

DOCUMENT # N43703

1. Entity Name

SAPPHIRE LAKES MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE
NAPLES FL 34103
US

1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34104
US

4115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0216662

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR., STE. 206
NAPLES FL 34103

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
 NAME: **SHOCKLEY, KENNETH**
 STREET ADDRESS: **8001 RADIO RD**
 CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **President** Change Addition
 NAME: **Connie Fullerton**
 STREET ADDRESS: **313 Gabriel Circle #5**
 CITY-ST-ZIP: **NAPLES, FL. 34104** **D.P.**

TITLE: **D** Delete
 NAME: **BRUNDAGE, HAL**
 STREET ADDRESS: **550 GABRIEL CIR., #7**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **VICE - President** Change Addition
 NAME: **Bill Kearney**
 STREET ADDRESS: **420 Belina #8**
 CITY-ST-ZIP: **Naples, FL. 34104** **D.V.P.**

TITLE: **PO** Delete
 NAME: **NAGAR, JACOB**
 STREET ADDRESS: **8001 RADIO RD**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **Secretary** Change Addition
 NAME: **Elaine Kopycky**
 STREET ADDRESS: **196 Belina Dr. #3**
 CITY-ST-ZIP: **NAPLES, FL. 34104** **D.S.**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **Treasurer** Change Addition
 NAME: **DAVE WELCH**
 STREET ADDRESS: **380 Gabriel Circle #7**
 CITY-ST-ZIP: **NAPLES, FL. 34104** **D.T.**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **Director** Change Addition
 NAME: **Bill Richard**
 STREET ADDRESS: **230 W. Naomi Dr. #2**
 CITY-ST-ZIP: **Naples, FL. 34104** **D.**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: **R** Change Addition
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED. President

4/19/02

941-261-3440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)