


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90973 045 ****61.25

DOCUMENT # N43703 1. Entity Name SAPPHIRE LAKES MASTER ASSOCIATION, INC.					
Principal Place of Business 2685 HORSESHOE DR. S 215 NAPLES, FL 34104 US			Mailing Address 2685 HORSESHOE DR. S 215 NAPLES, FL 34104 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0216662	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEARS, MIKE 550 GABRIEL CIR. #3102 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Floyd Chapin Street Address (P.O. Box Number is Not Acceptable) 228 Belina Dr. #12 City Naples FL Zip Code 34104	
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>Floyd R Chapin</i></u> 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FULLERTON, CONNIE	NAME	Welch, David		
STREET ADDRESS	313 GABRIEL CIR. #5	STREET ADDRESS	380 Gabriel Circle #7		
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP	NAPLES, FL 34104		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LESHAW, IRWIN	NAME	Halunen, David		
STREET ADDRESS	218 GABRIEL CIR #5	STREET ADDRESS	548 Belina Dr. #1		
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP	NAPLES, FL 34104		
TITLE	SD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUNYCKY, ELAINE	NAME			
STREET ADDRESS	196 BELINA DR 3	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALENTINE, GENE	NAME			
STREET ADDRESS	680 LUISA LANE #3	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRISON, JACK	NAME			
STREET ADDRESS	185 GABRIEL CIR #3	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHUSTER, DAVID	NAME	Smith, Harold		
STREET ADDRESS	550 GABRIEL CIR #8	STREET ADDRESS	665 Luisa Lane #1		
CITY-ST-ZIP	NAPLES, FL 34104	CITY-ST-ZIP	NAPLES, FL 34104		
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: <u><i>Floyd R Chapin</i></u> 4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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Attachment

40076356

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2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0216662	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEARS, MIKE 550 GABRIEL CIR. #3102 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005			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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	D FULLERTON, CONNIE	313 GABRIEL CIR. #5	NAPLES, FL 34104		
	D LESHAW, IRWIN	218 GABRIEL CIR #5	NAPLES, FL 34104		
	SD KUNYCKY, ELAINE	196 BELINA DR 3	NAPLES, FL 34104		
	DP VALENTINE, GENE	680 LUISA LANE #8	NAPLES, FL 34104		
	D MORRISON, JACK	185 GABRIEL CIR #3	NAPLES, FL 34104		
	D SCHUSTER, DAVID	550 GABRIEL CIR #8	NAPLES, FL 34104		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	D Van Alstyne, Dick	515 Gabriel Cir #7	Naples, FL 34104		
	P Chapin, Floyd	228 Belina Dr. #12	Naples, FL 34104		
	T Mears, Reginald	550 Gabriel Cir #02	Naples, FL 34104		
	VP Petorelli, Rudy	519 Joseph Court #1	Naples, FL 34104		
	D Ferrara, Charles	550 Luisa Lane #3	Naples, FL 34104		
	D Kearney, Walter	420 Belina Dr. #8	Naples, FL 34104		
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: <u>Floyd R Chapin</u> 4/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME FULLERTON, CONNIE			TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Rais, Ben
STREET ADDRESS 313 GABRIEL CIR. #5	CITY-ST-ZIP NAPLES, FL 34104			STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME LESHAW, IRWIN			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 218 GABRIEL CIR #5	CITY-ST-ZIP NAPLES, FL 34104			STREET ADDRESS	CITY-ST-ZIP
TITLE SD <input type="checkbox"/> Delete	NAME KUNYCKY, ELAINE			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 196 BELINA DR 3	CITY-ST-ZIP NAPLES, FL 34104			STREET ADDRESS	CITY-ST-ZIP
TITLE DP <input type="checkbox"/> Delete	NAME VALENTINE, GENE			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 680 LUISA LANE #3	CITY-ST-ZIP NAPLES, FL 34104			STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME MORRISON, JACK			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 185 GABRIEL CIR #3	CITY-ST-ZIP NAPLES, FL 34104			STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME SCHUSTER, DAVID			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 550 GABRIEL CIR #8	CITY-ST-ZIP NAPLES, FL 34104			STREET ADDRESS	CITY-ST-ZIP
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SIGNATURE: <i>Lynd R Chapman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					