2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # N43703 e lakes master asso	CIATION, INC.			05	5-02-2005 90	973 045 ****61	.25		
Principal Place 2685 HORSE 215	SHOE DR . S	Mailing Address 2685 HORSESI 215			4.0	010000				
NAPLES, FL 34104 US			NAPLES, FL 34104 US							
2. Principal Place of Business		3. Mailing Addres	3. Mailing Address			I TTANIE T ar in Tr on ao (771 a)	IDUŞ DUDĞI BURUL BURUL BURUL BURU	IJING KI CUKS		
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		04142005 CI	ng-NP	CR2E037 (10/03)			
City & State		City & State			4. FEI Number 65-021666	52	<u></u>	plied For Applicable		
Zip	Country	Zip	Coun	ntry	5. Certificate of St	atus Desired	S8.75 Add Fee Require			
	6. Name and Address of Curren	nt Registered Agent			7. Name and Add	ress of New Reg	gistered Agent			
MEARS M	MEARS, MIKE			Name #	1049 C	19pin)			
550 GAB	550 GABRIEL CIR. #3102			Street Address	(P.U. DUA . umber is	Not Acceptable)				
NAPLES, F	-L 34 104			2008	Roling	Dr H	:12			
				City / Ic	10/00	1117	EI Zie Cod	9011		
8. The above	named entity submits this statement	for the purpose of cha	nging its registered	d office or registe	ared agent, or both, in	the State of Florid	da. Lam familiar with.	and accept		
	ions of registered agent.	A	nging ito registers.	a cilios or region	3.00 ago, o. 20,	1	4			
SIGNATURE					4/28/01-					
	Signature, typed or printed name of registered age	nt and file if applicable.	(NOTE: Hegistered	Agent signature require	ed when reinstating)		DAIE			
Filing Fee is \$61.25 Due by May 1, 2005			ction Campaign Fir st Fund Contributio		\$5.00 May Be Added to Fees		ke check payable to la Department of Si			
10.	10. OFFICERS AND DIRECTORS				ADDITIONS/CHANG	ES TO OFFICERS	S AND DIRECTORS IN	φ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLERTON, CONNIE 313 GABRIEL CIR. #5 NAPLES, FL 34104	□ De	NAME STREE	T ADDRESS ST-ZIP	elch, David Gabriel Cir 2012S. FL	rcle#7 34104	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESHAW, IRWIN 218 GABRIEL CIR #5	□ De	NAME STREET	TADORESS 548	lunen, Davi Belina Di		☐ Change	Addition		
1 01,7, 0. 0.	NAPLES, FL 34104		ÇIIY-:	ST-ZIP	INIOC ET =	34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	□ De	lete . TITLE NAME	D	ápies, FL 3	<u>34104</u>	Change	Addition		

NAME
SCHUSTER, DAVID
STREET ADDRESS
SCHUSTER, DAVID
STREET ADDRESS
STORES SO GABRIEL CIR #8
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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

MORRISON, JACK

185 GABRIEL CIR #3

NAPLES, FL 34104

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Daytime Phone #

Change

☐ Addition

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N43703 1. Entity Name SAPPHIRE LAKES MASTER A			4007(e356		
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.		04272005 Chg-NP	CR2E037 (10/03)		
City & State	City & State		4. FEI Number 65-0216662	Applied For Not Applicable		
Zip Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required		
6. Name and Address of	Current Registered Agent	Nega	7. Name and Address of New F	Registered Agent		
MEARS, MIKE 550 GABRIEL CIR. #3102 NAPLES, FL 34104		Name Street Address ((P.O. Box Number is Not Acceptable)			
		City		FL Zip Code		
The above named entity submits this state the obligations of registered agent.	ement for the purpose of changing its reg	L gistered office or register	ed agent, or both, in the State of Flo			
SIGNATURE Signature, typed or printed name of regist	ered agent and title if applicable. (NOTE; Re	legistered Agent signature required	d when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Cor		UU.UU IVIAY DE	flake check payable to rida Department of State		
10. OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 10		
TITLE D NAME FULLERTON, CONNIE STREET ADDRESS 313 GABRIEL CIR. #5 CITY-ST-ZIP NAPLES, FL 84104	□ Dele	TITLE D NAME VAN STREET ADDRESS CITY-ST-ZIP VO	Alstyne, Dick Gabriel Cir#7 Oles, FL34104	☐ Change		
TITLE NAME LESHAW, IRWIN STREET ADDRESS 218 GABRIEL CIR #5 CITY-ST-ZIP NAPLES, FL 34104	Delefe	NAME STREET ADDRESS CITY-ST-ZIP	pin, Floyd Belina Dr.#1a Oles, FL 34104			
TITLE SD NAME KUNIYCKY, ELAINE STREET ADDRESS 196 BELINA DR 3 CITY-ST-ZIP NAPLES, FL 34104	Delete \	NAME STREET ADDRESS CITY-ST-ZIP	ars Reginald 1 Gabriel Cir #0: 10105, FL 34104	Change Addition		
TITLE DP NAME VALENTINE, GENE STREET ADDRESS GGO LUISA LANE #8 NAPLES, FL 34104	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	orelli, Rudy Joseph Court# Ionide, El 3410	☐ Change Addition		
TITLE D MORRISON, JACK STREET ADDRESS 185 GABRIEL CIR #3 CITY-SI-ZIP NAPLES FL 34104	□ De lete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mara Charles 0 Luisa lane# = 10(es, FL 34104	☐ Change ☐ Addition		
INTLE NAME STREET ADDRESS CITY-SI-ZIP NAPLES, FL 34104	Delete	TITLE DAME STREET ADDRESS 430	arney, Watter o Belina Or. #8 aples, FL34104	☐ Change		
12. I hereby certify that the information suppindicated on this report or supplementa of the corporation or the receiver or trus changed, or on an attachment with an a	I report is true and accurate and that my tee empowered to execute this report as	ennastura spati pava tpa	same legal effect as it made under	calli: that i all all officer of director		
SIGNATURE:	way & Masino	R DIRECTOR	4/28/01	Daytime Phone #		

Allachment

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # N43703 E LAKES MASTER ASSO	CIATION, IN	IC.		100 A	163	56	
Principal Place of Business 2685 HORSESHOE DR . S 215 NAPLES, FL 34104 US		2685 HOR 215	Mailing Address 2685 HORSESHOE DR . S 215 NAPLES, FL 34104 US		700	160		
2. Principal P	lace of Business	3. Mailing A	idress		V			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04272005 Ch	ıg-NP C	R2E037 (10/03)	
City & State		City & St	City & State		4. FEI Number 65-0216662		Applied For Not Applicable	
Zip	Country	Zip Cox		Country	5. Certificate of Sta	5. Certificate of Status Desired		
	6. Name and Address of Current Registered Agent			1	· 7. Name and Add	ress of New Regi	stered Agent	
MEARS M 550 GABR NAPLES, F	IEL CIR. #3102			Street Addi	ress (P.O. Box Number is N	Not Acceptable)		
				City			FL Zip Code	·
	named entity submits this statement (ions of registered agent.	or the purpose o	changing its regis	stered office or re	gistered agent, or both, in	the State of Florida	a. I am familiar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Regu	stered Agent signature r	required when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2005	9.	Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees		e check payable to Department of St	
10.	OFFICERS AND D			11.	ADDITIONS/CHANG	S TO OFFICERS		$\overline{}$
NAME SIREET ADDRESS CITY-SI-ZIP	FULLERTON, CONNIE 313 GABRIEL CIR. #5 NAPLES, FL 34104			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raia, Ben		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	D LESHAW IRWIN 218 GABRIEL CIR #5 NAPLES, FL 34104		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SD KUNYCKY, ELAINE 196 BELINA DR 3 NAPLES, FL 34104		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
THE NAME	DP DP		□ Delete	TITLE			Change	☐ Addition
STREET ADDRESS	VALENTINE, GENE 680 LUISA LANE #3 NAPLES EL 34104			NAME STREET ADDRESS CITY-ST-ZIP				
CITY-SI-ZIP TITLE NAME STREET ADDRESS	680 LUISA LANE #3 NAPLES, FL 34104 B MORRISON, JACK 185 GABRIEL CIR #3		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	680 LUISA LANE #3 NAPLES, FL 34104 D MORRISON, JACK		Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	Addition
CITY-SI-ZIP HYLE NAME STREET ADDRESS CITY-SI-ZIP LILLE NAME STREET ADDRESS CITY-SI-ZIP 12. I hereby indicated of the cor	680 LUISA LANE #3 NAPLES, FL 34104 B MORRISON, JACK 185 GABRIEL CIR #3 NAPLES, FL 34104 D SCHUSTER, BAVID 550 GABRIEL CIR #8 NAPLES, FL 34104 certily that the information supplied widen this report or supplemental report provation or the receiver or trustee em, or on an attachment with an address	th this filling does is true and accu	not qualify for the rate and that my late this report as n	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP exemption states	d in Section 119.07(3)(i). Flo e the same legal effect as er 617, Florida Statutes; ar	orida Statutes. I fur if made under oath d that my name a _l	Change	Addition