2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State
04-28-2006 90173 029 ****61.25

DOCUMENT # N43703

1. Entity Name
SAPPHIRE LAKES MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2685 HORSESHOE DR . S 215 NAPLES, FL 34104 US	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

04142006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0216662 ☐ Applied For ☐ Not Applicable

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
CHAPIN, FLOYD 228 BELINA DRIVE, #12 NAPLES, FL 34104	Name: Irwin Leshaw Street Address (P.O. Box Number is Not Acceptable): 218 Gabriel Circle #5 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: Irwin Leshaw
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FULLERTON, CONNIE 313 GABRIEL CIR. #5 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Welch 380 Gabriel Circle #7 Naples, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LESHAW, IRWIN 218 GABRIEL CIR #5 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Floyd Chapin 228 Belina Drive #12 Naples, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUNYCKY, ELAINE 196 BELINA DR 3 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Reginald Mears 550 Gabriel Circle #2 Naples, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VALENTINE, GENE 680 LUISA LANE #3 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charles Ferrara 750 Luisa Lane #3 Naples, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRISON, JACK 185 GABRIEL CIR #3 NAPLES, FL 34104	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gary Varstone 542 Joseph Court #01 Naples, FL 34104	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, HAROLD 665 LUISA LANE #1 NAPLES, FL 34104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Theresa Bachard 473 Gabriel Circle #106 Naples, FL 34104	☐ Change ☑ Addition

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: Floyd R Chapin Pres 07/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #