

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43703

FILED
Apr 27, 2012
Secretary of State

Entity Name: SAPPHIRE LAKES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0273226 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LESHAW, IRWIN
218 GABRIEL CIRCLE # 5
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T
Name: MEARS, REGINALD
Address: 550 GABRIEL CIRCLE # 2
City-St-Zip: NAPLES, FL 34104 US

Title: D
Name: LESHAW, IRWIN
Address: 218 GABRIEL CIRCLE # 5
City-St-Zip: NAPLES, FL 34104 US

Title: D
Name: VANSTONE, GARY
Address: 542 JOSEPH COURT # 1
City-St-Zip: NAPLES, FL 34104 US

Title: S
Name: VELLA, MARIAN
Address: 217 GABRIEL CIRCLE # 2809
City-St-Zip: NAPLES, FL 34104 US

Title: P
Name: FOSTER, ROBERT
Address: 380 GABRIEL CIRCLE # 12
City-St-Zip: NAPLES, FL 34104 US

Title: VP
Name: CHAPIN, FLOYD
Address: 228 BELINA DRIVE #12
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FLOYD CHAPIN

VP

04/27/2012

Electronic Signature of Signing Officer or Director

_____ Date