2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90136 009 ****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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Resort Mgmnt 2685 Horseshoe Dr. S	Resort Management 2685 Horseshoe Dr. S
Suite, Apt. #, etc. #215	Suite, Apt. #, etc. #215
City & State Naples, FL	City & State Naples, FL
Zip 34104 Country US	Zip 34104 Country US

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

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

7. Name and Address of New Registered Agent

Name: David Welch
Street Address (P.O. Box Number is Not Acceptable): 380 Gabriel Cir # 37
City: Naples FL 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: David Welch 4-10-03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE ✓	PD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	FULLERTON, CONNIE		NAME	Hallnen, Dave	
STREET ADDRESS	313 BABRIEL CIR #5		STREET ADDRESS	484 Belina Dr #1	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE ✓	VP	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	KEARNEY, BILL		NAME	Leshaw, Irwin	
STREET ADDRESS	420 BELINA #3		STREET ADDRESS	218 Gabriel Cir. #5	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE ✓	SD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	KUNYCKY, ELAINE		NAME	Kunycky, Elaine	
STREET ADDRESS	196 BELINA DR #3		STREET ADDRESS	196 Belina Dr. #3	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE ✓	TD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WELCH, DAVE		NAME	Landeta, Dorothy	
STREET ADDRESS	380 GABRIEL CIR 37		STREET ADDRESS	270 W. Naomi Dr #1	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE ✓	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	RICHARD, BILL		NAME	Smith, Harold	
STREET ADDRESS	230 W. NAOMI DR. #2		STREET ADDRESS	665 Luisa Ln. #1	
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP	Naples, FL 34104	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	Weaver, Bill	
STREET ADDRESS			STREET ADDRESS	516 Gabriel Cir. #6	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34104	

CR2E037 (10/02)

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 4-10-03 239-352-7388

Attachment BO# N43703 / 10075492

D

Van Alstyne, Dick ☒ ADD
515 Gabriel Cir. #3
Naples, FL 34104

D

Valentine, Gene ☒ ADD
680 Luisa Ln #3
Naples, FL 34104

D

Chapin, Floyd ☒ ADD
228 Belin Dr. #12
Naples, FL 34104

DS

Morrison, Jack ☒ ADD
185 Gabriel Cir #3
Naples, FL 34104