

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43704

FILED
Apr 14, 2009
Secretary of State

Entity Name: AMBER AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S #215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0267689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOLL, DEANNA
132 BELING DRIVE
#3
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

SCHOLL, DEANNA
132 BELINA DRIVE
#3
NAPLES, FL 34104 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WYATT, FRANCIS
Address: 132 BELINA DR #7
City-St-Zip: NAPLES, FL 34104

Title: V () Delete
Name: SCHOLL, DEANNA
Address: 132 BELINA DR #3
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: O' CONNOR, ROBERT
Address: 196 BELINA DR., # 7
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: CIMENESI, HERMAN
Address: 164 BELINA DR. #3
City-St-Zip: NAPLES, FL 34104

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: WYATT, FRANCIS
Address: 132 BELINA DR #7
City-St-Zip: NAPLES, FL 34104

Title: P (X) Change () Addition
Name: SCHOLL, DEANNA
Address: 132 BELINA DR #3
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CIMENESI, HERMAN
Address: 164 BELINA DR. #3
City-St-Zip: NAPLES, FL 34104

Title: T () Change (X) Addition
Name: HAYES, D. TIMOTHY
Address: 164 BELINA DR. #1
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEANNA SCHOLL

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date