


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90173 027 \*\*\*\*61.25

<b>DOCUMENT # N45587</b> 1. Entity Name TOPAZ AT SAPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3120778	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHAPIN, FLOYD 228 BELINA DRIVE #612 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP <input type="checkbox"/> Delete MERTLE, RALPH 228 BELINA DR #605 NAPLES, FL 34104			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S <input type="checkbox"/> Delete SCHMITT, FRED 260 BELINA DR #709 NAPLES, FL 34104			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P <input type="checkbox"/> Delete CHAPIN, FLOYD 228 BELINA DR #612 NAPLES, FL 34104			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T <input type="checkbox"/> Delete DELVENTHAL, JOHN 324 BELINA DR #901 NAPLES, FL 34104			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D <input type="checkbox"/> Delete SAFFORD, PHYLLIS 324 BELINA DR #911 NAPLES, FL 34104			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Floyd R Chapin</u> <u>her</u> <u>4/28/06</u> <u>235-353-1206</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					