## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90068 022 \*\*\*\*61.25

DOCUMENT # N4558	DOCU	MEN	T # N	I45587
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1. Entity Name TOPAZ AT SAPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.								_			
215 215			Address HORSESHOE DR S ES, FL 34104 US			40062200					
Principal Place of Business - No P.O. Box #     Mailing Address											
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			03162007 <sub>Chg</sub>	-NP	CR2E037 (12/06)		
City & State			Cit	City & State			4. FEI Number Applied For 59-3120778 Not Applicable				
Zip	Country Zip Cou			Country		5. Certificate of Stat	us Desired	S8.75 Ade Fee Require			
	6. Name	and Address of Curr	ent Registere	d Agent	Name	7. Name and Address of New Registered Agent					
CHAPIN, FLOYD 228 BELINA DRIVE #612 NAPLES, FL 34104					Street Address (P.O. Box Number is Not Acceptable)						
					City				FL Zip Coo	le	
	ions of regist				registered office		ed agent, or both, in the	e State of Flor		and accept	
	-	e is \$61.25 lay 1, 2007		9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees		ake check payable t da Department of S		
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGES	TO OFFICER	S AND DIRECTORS IN	l 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERTEE, 228 BELIN NAPLES,	NA DR #605		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mar	kle, Ralph	)	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMITT 260 BELIN NAPLES,	NA DR #709		□ Delete	THILE NAME STREET ADORESS CITY-ST-ZIP	T			<b>∭</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAPIN, 228 BELIN NAPLES,	NA DR #612		☐ Deiele	TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HAL, JOHN NA DR #901 FL 34104		□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	D			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	324 BELIN	), PHYLLIS NA DR #911 FL 34104		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	☐ Addition	
indicated	on this repor	t or supplemental rep	ort is true and	accurate and that m	ny signature shall	have the:	in Chapter 119, Floric same legal effect as if , Florida Statutes; and	made under o	ath; that I am an office	r or director	