

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45587

FILED  
Mar 28, 2012  
Secretary of State

**Entity Name:** TOPAZ AT SAPHIRE LAKES CONDOMINIUM 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:** 59-3120778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREUSEL, JAMIE  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145 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: D  
Name: LEONHARDT, GRANVILLE  
Address: 260 BELINA DRIVE #701  
City-St-Zip: NAPLES, FL 34104

Title: S  
Name: HASTINGS, SHARON  
Address: 260 BELINA DRIVE #707  
City-St-Zip: NAPLES, FL 34104

Title: P  
Name: CHAPIN, FLOYD  
Address: 228 BELINA DRIVE #612  
City-St-Zip: NAPLES, FL 34104

Title: VP  
Name: DELVENTHAL, JOHN  
Address: 324 BELINA DRIVE #911  
City-St-Zip: NAPLES, FL 34104

Title: T  
Name: TERRY, PAULA  
Address: 260 BELINA DRIVE #706  
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

P

03/28/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date