

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48345

FILED
Feb 21, 2008
Secretary of State

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

Current Principal Place of Business:

NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109

New Mailing Address:

FEI Number: 65-0338338 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
5435 JAEGER ROAD #4
NAPLES, FL 34109 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: PD () Delete
Name: MOLYN, CAROL
Address: 484 BELINA DRIVE #8
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: TIBBETTS, PAUL
Address: 580 BELINA DRIVE #1
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: LYLE, SEAFORTH
Address: 580 BELINA DRIVE #2
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: MOLYN, JEAN
Address: 484 BELINA DRIVE #8
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CAROL MOLYN

PD

02/21/2008

Electronic Signature of Signing Officer or Director

_____ Date