

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 007 ****61.25

DOCUMENT # N51135

1. Entity Name
**SPINEL AT SAPPHIRE LAKES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**C/O RESORT MGMT.
2685 HORSESHOE DR. S, #215
NAPLES, FL 34104 US**

Mailing Address
**C/O RESORT MGMT.
2685 HORSESHOE DR. S, #215
NAPLES, FL 34104 US**

40078520



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0393147

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FULLERTON, CONNIE
313 GABRIEL CIR #05
NAPLES, FL 34104**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME WANDAS, SHIRLEY
STREET ADDRESS 313 GABRIEL CIR #10
CITY-ST-ZIP NAPLES, FL 34104 ☐ Delete

TITLE **D**
NAME **Boesch, Henry**
STREET ADDRESS **379 Gabriel Circle #10**
CITY-ST-ZIP **Naples, FL 34104** ☒ Change ☐ Addition

TITLE PD
NAME FULLERTON, CONNIE
STREET ADDRESS 313 GABRIEL CIRCLE # 5
CITY-ST-ZIP NAPLES, FL 34104 ☐ Delete

TITLE **D**
NAME **Reif, Margaret**
STREET ADDRESS **345 Gabriel Circle #06**
CITY-ST-ZIP **Naples, FL 34104** ☐ Change ☒ Addition

TITLE DS
NAME SHEEHAN, JANET
STREET ADDRESS 379 GABRIEL CIRCLE #03
CITY-ST-ZIP NAPLES, FL 34104 ☐ Delete

TITLE **D**
NAME **DEMICHELI, MARIO**
STREET ADDRESS **345 GABRIEL CIRCLE #02**
CITY-ST-ZIP **NAPLES, FL 34104** ☒ Delete ☐ Change ☐ Addition

TITLE TD
NAME JARVIS, JOHN
STREET ADDRESS 281 GABRIEL CIRCLE #02
CITY-ST-ZIP NAPLES, FL 34104 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE **D**
NAME **DEMICHELI, MARIO**
STREET ADDRESS **345 GABRIEL CIRCLE #02**
CITY-ST-ZIP **NAPLES, FL 34104** ☒ Delete ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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.

SIGNATURE: **John F JARVIS**

4-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #