

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 019 ****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

60035908



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008

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

FULLERTON, CONNIE
313 GABRIEL CIR #05
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

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, 2008**

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BOESCH, HENRY
379 GABRIEL CIR SUITE 10
NAPLES, FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
REIF, MARGARET
345 GABRIEL CIR SUITE 06
NAPLES, FL 34104 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
379 Gabriel Circle #10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
245 Gabriel Circle #6

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 officers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Margaret Reif
Margaret Reif - Director 4/28/08