

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51135

FILED
Mar 30, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0393147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLERTON, CONNIE
313 GABRIEL CIR #05
NAPLES, FL 34104 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: REIF, MARGARET
Address: 345-06 GABRIEL CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: P
Name: FULLERTON, CONNIE
Address: 313 GABRIEL CIRCLE # 5
City-St-Zip: NAPLES, FL 34104

Title: S
Name: SHEEHAN, JANET
Address: 379 GABRIEL CIRCLE #03
City-St-Zip: NAPLES, FL 34104

Title: T
Name: JARVIS, JOHN
Address: 281 GABRIEL CIRCLE #02
City-St-Zip: NAPLES, FL 34104

Title: VP
Name: BOESCH, HENRY
Address: 379 GABRIEL CIRCLE #10
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: CONNIE FULLERTON

P

03/30/2010

Electronic Signature of Signing Officer or Director

Date