

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51136

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** TURQUOISE AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

RESORT MANAGEMENT  
2685 HORSESHOE DR. S., #215  
NAPLES, FL 34104 US

## New Principal Place of Business:

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE#215  
NAPLES, FL 34104 US

## Current Mailing Address:

RESORT MANAGEMENT  
2685 HORSESHOE DR. S., #215  
NAPLES, FL 34104 US

## New Mailing Address:

C/O RESORT MANAGEMENT  
2685 HORSESHOE DRIVE SOUTH STE#215  
NAPLES, FL 34104 US

FEI Number: 65-0393148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRISON, JOHN  
185 GABRIEL CIR  
#2903  
NAPLES, FL 34104 US

## Name and Address of New Registered Agent:

MORRISON, JOHN  
185 GABRIEL CIRCLE  
#2903  
NAPLES, FL 34104 US

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: JOHN MORRISON

04/23/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DST ( ) Delete  
Name: MORRISON, JOHN  
Address: 185 GABRIEL CIR #2903  
City-St-Zip: NAPLES, FL 34101

Title: VP ( ) Delete  
Name: DEENEY, JACK  
Address: 249 GABRIEL CIRCLE #4  
City-St-Zip: NAPLES, FL 34104

Title: DP ( ) Delete  
Name: VELLA, MARLAN  
Address: 217 GABRIEL CIRCLE #2809  
City-St-Zip: NAPLES, FL 34104

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: MORRISON, JOHN  
Address: 185 GABRIEL CIRCLE #2903  
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change ( ) Addition  
Name: DEENEY, JACK  
Address: 249 GABRIEL CIRCLE #2704  
City-St-Zip: NAPLES, FL 34104

Title: P (X) Change ( ) Addition  
Name: VELLA, MARLAN  
Address: 217 GABRIEL CIRCLE #2809  
City-St-Zip: NAPLES, FL 34104

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: MARIAN VELLA

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date