## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51137

FILED Apr 01, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 65-0363762 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BACHAND, THERESA
413 GABRIEL CIRCLE #6
NAPLES, FL 34104 US

BACHAND, THERESA
473 GABRIEL CIRCLE #6
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: THERESA BACHAND 04/01/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: [

Name: VANALSTYNE, RICHARD Address: P.O. BOX 442

City-St-Zip: KINDERHOOK, NY 12106

Title: T

Name: NOYES, ANN

Address: 515 GABRIEL CIRCLE #1
City-St-Zip: NAPLES, FL 34104

Title: S

 Name:
 GOWDY, VIVIAN

 Address:
 473 GABRIEL CIRCLE #1

 City-St-Zip:
 NAPLES, FL 34104

Title: VP

Name: BACHAND, THERESA
Address: 473 GABRIEL CIRCLE #6
City-St-Zip: NAPLES, FL 34104

Title: F

Name: LUNDBORG, CARL
Address: 515 GABRIEL CIRCLE #6
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: CARL LUNDBORG P 04/01/2010