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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003890**

1. Corporation Name

GARNET CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 9709 NAPLES FL 34101 US	P.O. BOX 9709 ~~SUITE 206~~ NAPLES FL 34101 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 9709	3. Date Incorporated or Qualifed 08/08/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0581150 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 NAPLES, FL.	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34101 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~HAIL, STEPHEN H.~~
COLLIER FINANCIAL, INC.
4985 EAST TAMIANI TRAIL
NAPLES FL ~~34113~~

10. Name and Address of New Registered Agent

81 Name STEPHEN P. HART
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code 34113

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ 3/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GIANNINO, CHARLES		1.2 NAME	
STREET ADDRESS	250 GABRIEL CIRCLE #7		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LESHAW, IRWIN		2.2 NAME	
STREET ADDRESS	218 GABRIEL CIRCLE #5		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHUEDDIG, CHARLES W		3.2 NAME	
STREET ADDRESS	154 GABRIEL CIR., #1		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104		3.4. CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RUTH		4. 2 NAME	
STREET ADDRESS	186 GABRIEL CIRCLE #10		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	YOKIE, KARL		5.2 NAME	
STREET ADDRESS	218 GABRIEL CIRCLE #10		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)