

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90037 043 *****61.25

0071566

DOCUMENT # N94000003890

1. Entity Name

GARNET CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCI

Principal Place of Business

P.O. BOX 9709
 NAPLES FL 34101
 US

Mailing Address

P.O. BOX 9709
 NAPLES FL 34101
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0581150

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HART, STEPHEN P
COLLIER FINANCIAL, INC.
4985 EAST TAMIANI TRAIL
NAPLES FL 34413

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: **VPD** ☐ Delete
 NAME: **GIANNINO, CHARLES**
 STREET ADDRESS: **250 GABRIEL CIRCLE #7**
 CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **SD** ☐ Delete
 NAME: **LESHAW, IRWIN**
 STREET ADDRESS: **218 GABRIEL CIRCLE #5**
 CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **PD** ☒ Delete
 NAME: **SCHUEDDIG, CHARLES W**
 STREET ADDRESS: **154 GABRIEL CIR., #1**
 CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **TD** ☒ Delete
 NAME: **JOHNSON, RUTH**
 STREET ADDRESS: **186 GABRIEL CIRCLE #10**
 CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: **D** ☒ Delete
 NAME: **YOKIE, KARL**
 STREET ADDRESS: **218 GABRIEL CIRCLE #10**
 CITY-ST-ZIP: **NAPLES FL 34104**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☒ Change ☐ Addition
 NAME: **Giannino, Charles**
 STREET ADDRESS: **250 Gabriel Circle #7**
 CITY-ST-ZIP: **Naples, FL 34104**

TITLE: **PD** ☒ Change ☐ Addition
 NAME: **Leshaw, Irwin**
 STREET ADDRESS: **218 Gabriel Circle #5**
 CITY-ST-ZIP: **Naples, FL 34104**

TITLE: **VPD** ☐ Change ☒ Addition
 NAME: **Wietecha, Henry**
 STREET ADDRESS: **186 Gabriel Circle #2**
 CITY-ST-ZIP: **Naples, FL 34104**

TITLE: **TD** ☐ Change ☒ Addition
 NAME: **Huester, Marie**
 STREET ADDRESS: **100 Elmhurst Blvd**
 CITY-ST-ZIP: **Scranton, PA 18505**

TITLE: **SD** ☐ Change ☒ Addition
 NAME: **Yokie, Mary-Ellen**
 STREET ADDRESS: **5631 Springwater Lane**
 CITY-ST-ZIP: **West Bloomfield, MI 48322**

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

12. 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 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

941-774-7088

Date Daytime Phone #

CR2E037 (10/00)