## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90307 010 \*\*\*\*61.25

## DOCUMENT # N94000003890

1. Entity Name
GARNET CLUB AT SAPPHIRE LAKES CONDOMINIUM
ASSOCIATION, INC.



			SO WE TR			
Principal Place of Business RESORT MANAGEMENT 685 HORSESHOE DR. S. #215 NAPLES, FL 34101 US		Mailing Address RESORT MANAGEMENT 685 HORSESHOE DR. S. #215 NAPLES, FL 34101 US		9 <b>40559</b> 41:		
2. Principal Place of Business CIO RESOCH MONOGOMENH CIO RESOCH MONOGOMENH						
2685 Horseshoe Or S.#215 2685 Horseshoe Or S.#215				<u>Ψ</u>	hg-NP CR2E03	37 (10/03)
Ngoles, FL. Ngoles, FL.			·,	4. FEI Number 65-058115	50	Applied For Not Applicable
Zing 4104 Country ier Zing 4104 Co			Collier	5. Certificate of St	atus Desired 🔲	\$8.75 Additional Fee Required
6. Name an	7. Name and Address of New Registered Agent					
LESHAW, IRWIN						
218 GABRIEL CIR. #5 NAPLES, FL 34104 Street Address (P.O. Bo					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. I am familiar with, and accept						
the obligations of registered agent						
SIGNATURE 4/16/04						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Filing Fee is \$61.25  Due by May 1, 2004  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		k payable to
10. OFFICERS AND DIRECTORS / 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE VPD			TILE D7		1	☐ Change Addition
NAME SHELLEY, G		1,2 N	IAME RUH	h Bloma	MST 12	
1 1 1	L CIRCLE #11		TREET ADDRESS 218	Egbriel Cit	Cl2#7	• •
CITY-ST-ZIP NAPLES, FL	34104		CITY-ST-ZIP	apies, tr.	34104	70
TITLE PD LESHAW, IR	WIN	- 50.00	ITLE D	+ allott		☐ Change ★ Addition
I '	L CIRCLE #5		TREET ADDRESS	u calacial	Circle#2	
CITY-ST-ZIP NAPLES, FL	34104	C	CITY-ST-ZIP	10 8188 161	34104	
TITLE D	•	_ Delete T	TILE DV	nru Wiete	s bot	Change
NAME WEITECHA,			IAME HE	nry wiene	ircle #2	/
STREET ADDRESS 186 GABRIE CITY-ST-ZIP NAPLES, FL	L CIRCLE #2	•	TREET ADDRESS   186	babrie C	34144	
TITLE TD	U-107		TILE	upus, th	. 0110-1	☐ Change ☐ Addition
NAME HUESTER, N	MARIE	/-V	IAME			
STREET ADDRESS 218-06 GABI	RIEL CIR. #6	s	TREET ADDRESS			
CITY-ST-ZIP NAPLES, FL	34104	C	CITY-ST-ZIP			
TITLE SD	V ELLEN		ITLE			☐ Change ☐ Addition
NAME YOKIE, MAR STREET ADDRESS 5631 SPRING	Y-ELLEN GWATER LANE		TREET ADDRESS			
	MFIELD, MI 48322		CITY-ST-ZIP	•		A TOTAL OF THE SHEET
TITLE	·	☐ Delete T	TITLE			☐ Change ☐ Addition
NAME		The state of the s	IAME			
STREET ADDRESS			TREET ADDRESS			•
CITY-ST-ZIP		1	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 fine receiver or trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or or an affactment with an address, with all other like empowered.						

SIGNATURE AND TYPED OR PRINTED NAME OR SIGNING OFFICER OR DIRECTOR