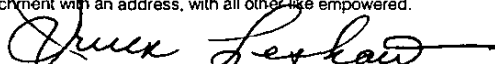


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90401 042 ****61.25

DOCUMENT # N94000003890 1. Entity Name GARNET CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business %RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34101 US			Mailing Address %RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 NAPLES, FL 34101 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0581150	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LESHAW, IRWIN 218 GABRIEL CIR. #5 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BLOMQUIST, RUTH ☐ Delete 218 GABRIEL CIRCLE #7 NAPLES, FL 34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESHAW, IRWIN ☐ Delete 218 GABRIEL CIRCLE #5 NAPLES, FL 34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEITECHA, HENRY ☐ Delete 186 GABRIEL CIRCLE #2 NAPLES, FL 34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLLETT, PAT ☐ Delete 154 GABRIEL CIRCLE #2 NAPLES, FL 34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOKIE, MARY-ELLEN ☐ Delete 5631 SPRINGWATER LANE WEST BLOOMFIELD, MI 48322				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					