2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

GARNET CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

DOCUMENT # N94000003890

Principal Place of Business Mailing Address %RESORT MANAGEMENT %RESORT MANAGEMENT 2685 HORSESHOE DR. S. #215 2685 HORSESHOE DR. S. #215 NAPLES, FL 34101 NAPLES, FL 34101 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142006 Cha-NP CR2E037 (11/05) 4. FEI Number 65-0581150 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LESHAW, IRWIN 218 GABRIEL CIR. #5 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34104 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ture, typed or printed name of registered agent and title if applica Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. DT ☐ Change ☐ Addition TITLE ☐ Delete TITLE BLOMQUIST, RUTH NAME NAME STREET ADDRESS STREET ADDRESS 218 GABRIEL CIRCLE #7 CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP PD TITLE ☐ Change Addition ☐ Delete TITLE LESHAW, IRWIN NAME NAME 218 GABRIEL CIRCLE #5 STREET ADDRESS STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP TITLE DVP ☐ Delete TITLE ☐ Change ☐ Addition WEITECHA, HENRY NAME NAME STREET ADDRESS 186 GABRIEL CIRCLE #2 STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE D □ Delete OLLETT, PAT NAME NAME STREET ADDRESS 154 GABRIEL CIRCLE #2 STREET ADORESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITI F ☐ Change ☐ Addition YOKIE, MARY-ELLEN NAME NAME STREET ADDRESS 5631 SPRINGWATER LANE STREET ADDRESS WEST BLOOMFIELD, MI 48322 CITY-ST-7IP CITY-ST-7IP ■ Addition ☐ Change Delete TITLE TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🖆

NAME STREET ADORESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davisna Phone 4 Date

FILED

Apr 26, 2006 8:00 am Secretary of State

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