

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90067 013 ****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**

40062164



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0581150

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

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

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, 2007**

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	DT	<input type="checkbox"/> Delete
NAME	BLOMQUIST, RUTH	
STREET ADDRESS	218 GABRIEL CIRCLE #7	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LESHAW, IRWIN	
STREET ADDRESS	218 GABRIEL CIRCLE #5	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	WEITECHA, HENRY	
STREET ADDRESS	186 GABRIEL CIRCLE #2	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLLETT, PAT	
STREET ADDRESS	154 GABRIEL CIRCLE #2	
CITY - ST - ZIP	NAPLES, FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YOKIE, MARY-ELLEN	
STREET ADDRESS	5631 SPRINGWATER LANE	
CITY - ST - ZIP	WEST BLOOMFIELD, MI 48322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wietecha, Henry	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	218 Gabriel Circle #10	
STREET ADDRESS	NAPLES, FL 34104	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Irwin Leshaw **President**

4/13/07

Irwin Leshaw