

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90269 020 ****61.25

DOCUMENT # N94000005796 1. Entity Name JADE CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0581132	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELCH, DAVID 380 GABRIEL CIRCLE #7 NAPLES, FL 34104			Name Irene Bishop Street Address (P.O. Box Number is Not Acceptable) 348 Gabriel Circle #02 City Naples FL Zip Code 34104		
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 <i>Irene Bishop</i>		SIGNATURE <i>Irene Bishop</i>		DATE 4/17/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELCH, DAVID		NAME	Bishop, Irene	
STREET ADDRESS	380 GABRIEL CIRCLE 7		STREET ADDRESS	348 Gabriel Circle #02	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRIEGER, CARL		NAME	Flynn, Mary Ethel	
STREET ADDRESS	380 GABRIEL CIRCLE 5		STREET ADDRESS	380 Gabriel Circle #11	
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, RAY		NAME		
STREET ADDRESS	448 GABRIEL CIRCLE 8		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34104		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Irene Bishop</i>		SIGNATURE: <i>Irene Bishop</i>		DATE: 4/17/07 DAYTIME PHONE: 455-9430	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					