2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90359 027 ****61.25

D	ററ	LIN	ИFN	T #	N94	በበበ	nn	5796
$\boldsymbol{\mathcal{L}}$	しし	v	VI∟IV	1 77	INUT	$\sigma \sigma \sigma$	\mathbf{v}	<i>Ji J</i> U

1. Entity Name



JADÉ CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40085248 C/O RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 2685 HORSESHOE DR S #215 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 Chq-NP CR2E037 (12/06) City & State City & State FEI Number 65-0581132 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISHOP, IRENE 348 GABRIEL CIRCLE #02 Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 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 Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TITLE Addition KRIEGER, CARL NAME NAME 380 GABRIEL CIRCLE 5 STREET ADDRESS STREET ADDRESS e ande #12 NAPLES, FL 34104 CATY-ST-ZIP CITY-ST-ZIP PP TITLE TITI F ☐ Change Addition ine Weich BISHOP, IRENE NAME NAME circle#07 348 GABRIEL CIRCLE #02 STREET ADDRESS STREET ADDRESS NAPLES, FL 34104 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE □ Change Delete FLYNN, MARY E NAME NAME 380 Gabrel Circle#11 STREET ADDRESS 380 GABRIEL CIRCLE #11 STREET ADDRESS NAPLES, FL 34104 CITY-ST-7IP CITY-ST-ZIP Addition TITLE Delete TITLE Change Thomas Newcomb NAME 380 Gabriel Circle#8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE ER OR DIRECTOR