

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005796

FILED
Apr 15, 2009
Secretary of State

Entity Name: JADE CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR S #215
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0581132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, ROBERT
380 GABRIEL CIRCLE #12
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: KRIEGER, CARL
Address: 380 GABRIEL CIRCLE 5
City-St-Zip: NAPLES, FL 34104

Title: T () Delete
Name: WELCH, JUNE
Address: 380 GABRIEL CIRCLE #107
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: FLYNN, THOMAS
Address: 380 GABRIEL CIRCLE #11
City-St-Zip: NAPLES, FL 34104

Title: 2VP () Delete
Name: NEWCOMB, THOMAS
Address: 380 GABRIEL CIRCLE #8
City-St-Zip: NAPLES, FL 34108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: KRIEGER, CARL
Address: 380 GABRIEL CIRCLE 5
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NEWCOMB, THOMAS
Address: 380 GABRIEL CIRCLE #8
City-St-Zip: NAPLES, FL 34108

Title: P () Change (X) Addition
Name: FOSTER, ROBERT
Address: 380 GABRIEL CIRCLE #12
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FOSTER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date