2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

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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 CABRIEL 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: VP
Name: KRIEGER, CARL
Address: 380 GABRIEL CIRCLE 5
City-St-Zip: NAPLES, FL 34104

Title: T
Name: WELCH, JUNE
Address: 380 CABRIEL CIRCLE #107
City-St-Zip: NAPLES, FL 34104

Title: S
Name: FLYNN, THOMAS
Address: 380 CABRIEL CIRCLE #11
City-St-Zip: NAPLES, FL 34104

Title: D
Name: WIESMANN, WILLIAM
Address: 320 GABRIEL CIRCLE #01
City-St-Zip: NAPLES, FL 34108

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT FOSTER P 03/30/2010

Electronic Signature of Signing Officer or Director — Date