

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-16-2007 90047 011 \*\*\*\*61.25

<b>DOCUMENT # N94000005797</b>					
<b>1. Entity Name</b> AMETHYST CLUB AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US			<b>Mailing Address</b> C/O RESORT MANAGEMENT 2685 HORSESHOE DR S #215 NAPLES, FL 34104 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0581135	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MEARS, REGINALD 550 GABRIEL CIR. #3102 NAPLES, FL 34104			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
MEARS, REGINALD 550 GABRIEL CIR. #3102 NAPLES, FL 34104			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEARS, REGINALD 550 GABRIEL CIR. #3102 NAPLES, FL 34104	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS mears, Sue 550 Gabriel Circle #3102 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WEAVER, WILLIAM 516 GABRIEL CIRCLE, #3206 NAPLES, FL 34104		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V TAPLEY, JOEL 516 GABRIEL CIRCLE #3208 NAPLES, FL 34104		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T HUNTER, DIANA 550 GABRIEL CIRCLE #3111 NAPLES, FL 34104		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D TUTHILL, SHEILA 550 GABRIEL CIRCLE, #3108 NAPLES, FL 34104		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D FOLEY, WILLIAM 516 GABRIEL CIRCLE, #3210 NAPLES, FL 34104		<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT Tuthill, Sheila 550 Gabriel Circle #3108 NAPLES, FL 34104		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D FOLEY, WILLIAM 516 GABRIEL CIRCLE, #3210 NAPLES, FL 34104		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>Reginald M Mears</i> <span style="float: right;">4/11/07</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					