

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2009
Secretary of State**

DOCUMENT# N94000005797

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0581135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEARS, REGINALD
550 GABRIEL CIRCLE #3102
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: DP () Delete
Name: MEARS, REGINALD
Address: 550 GABRIEL CIR. #3102
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: WEAVER, WILLIAM
Address: 516 GABRIEL CIRCLE, #3206
City-St-Zip: NAPLES, FL 34104

Title: DVP () Delete
Name: TAPLEY, JOEL
Address: 516 BAGRIEL CIRCLE #3208
City-St-Zip: NAPLES, FL 34104

Title: DS () Delete
Name: MEARS, SUE
Address: 550 GABRIEL CIR #3102
City-St-Zip: NAPLES, FL 34104

Title: DT () Delete
Name: TUTHILL, SHEILA
Address: 550 GABRIEL CIRCLE, #3108
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LAPHAM, ROGER
Address: 516 GABRIEL CIRCLE #3202
City-St-Zip: NAPLES, FL 34104

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

Title: DS (X) Change () Addition
Name: FOLEY, WILLIAM
Address: 5 REGAL PINES DRIVE
City-St-Zip: SCARBOROUGH, ME 04074

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

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: REGINALD MEARS

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date