

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005797

FILED
Apr 13, 2011
Secretary of State

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: P
Name: MEARS, REGINALD
Address: 550 GABRIEL CIR. #3102
City-St-Zip: NAPLES, FL 34104

Title: T
Name: LAPHAM, SHERYL
Address: 516 GABRIEL CIRCLE #3202
City-St-Zip: NAPLES, FL 34104

Title: VP
Name: TAPLEY, JOEL
Address: 516 GABRIEL CIRCLE #3208
City-St-Zip: NAPLES, FL 34104

Title: S
Name: FOLEY, WILLIAM
Address: 5 REGAL PINES DRIVE
City-St-Zip: SCARBOROUGH, ME 04074

Title: D
Name: TUTHILL, SHEILA
Address: 550 GABRIEL CIRCLE, #3108
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: REGINALD MEARS

P

04/13/2011

Electronic Signature of Signing Officer or Director

Date