


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90974 045 ****61.25

DOCUMENT # N94000005867 1. Entity Name MALACHITE AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business RESORT MGMNT. 2685 HORSESHOE DR. S., #215 NAPLES, FL 34104 US			Mailing Address C/O RESORT MGMNT 2685 HORSESHOE DRIVE STE 215 NAPLES, FL 34104 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0682282	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KURTZ, LARRY 522 JOSEPH CT. #202 NAPLES, FL 34104				Name RUDOLPH PETORELLI Street Address (P.O. Box Number is Not Acceptable) 519 Joseph Ct Unit 1 City Naples FL Zip Code 34104	
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.					
SIGNATURE <u><i>Rudolph Petorelli</i></u> <u><i>Rudolph Petorelli</i></u> <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	S
NAME	KURTZ, LARRY			NAME	Mennonna, BOB
STREET ADDRESS	522 JOSEPH CT. #202			STREET ADDRESS	94 Abbott Run Valley Rd
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	Cumberland, RI 02864
TITLE	VD	<input type="checkbox"/> Delete		TITLE	J
NAME	VANSTONE, GARY			NAME	Vanstone, Gary
STREET ADDRESS	542 JOSEPH CT., #101			STREET ADDRESS	542 Joseph Ct #01
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	Naples, FL 34104
TITLE	STD	<input type="checkbox"/> Delete		TITLE	P
NAME	PETORELLI, RUDY			NAME	
STREET ADDRESS	519 JOSEPH CT. #1			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <u><i>Rudolph Petorelli</i></u> <u><i>R. Petorelli</i></u> <u>4/26/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					