2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90188 014 ****61.25

Applied For

Not Applicable

DOCUMENT # N94000005867

Entity Name

MALACHITE AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business RESORT MGMNT. 2685 HORSESHOE DR. S., #215 NAPLES, FL 34104 US

Suite, Apt. #, etc.

PETORELLI, RUDOLPH 519 JOSEPH CT UNIT 1

NAPLES, FL 34104

2. Principal Place of Business - No P.O. Box #

Mailing Address C/O RESORT MGMT 2685 HORSESHOE DRIVE STE 215 NAPLES, FL 34104 US

3. Mailing Address

Suite, Apt. #, etc.

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,	4. FEI Numbe 65-0682	2282		A

60035913

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

IName (ary	_ Va	115101	(1Q
Street Address	(P.O. Box N	umber is No	t Acceptable)	_
542	Jol.	ph (dur-	F #O

8.	The above named entity submits this statement for the purpose of	changing its re-	gistered office or registered	agent, or both, in the	State of Florida. I am	familiar with,	and ac	<
	the obligations of registered agent.			\circ	,			
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١٠.	Signature, typed or printed name of registered agent and title if applicable	(NOTE R	egistered Agent signature required whe	n reinstating)	DATE	7	•	•

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	Filing Fee is \$61.25 Due by May 1, 2008	Election Camp Trust Fund Cor	· .		\$5.00 May Be Added to Fees	Make checi Florida Depar		
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND DI		10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KURTZ, LARRY 522 JOSEPH COURT #2 NAPLES, FL 34104	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANSTONE, GARY 412 JOSEPH CRT 101 NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	tan Sy	stone, Gary Joseph Bores, FL.	1 Court#01 34104	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOB, RENDELL 502 JOSEPH COVE 101 NAPLES, FL 34104	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 505	b, Rendell Boyesoph	Court=101 34104	Change	Addilion.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOL	la Vecchia.	Michael Court #02 34104	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change ·	Addition

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 piper like empowered.

SIGNATURE:	Sweet Waltre	GARGE R. VAN Stone	HQS- //4/2008	238-8261
	SIGNATURE AND TYPED OR PRINTED NAME OF SK	INING OFFICER OR DIRECTOR	pale ` I	Daytime Phone #