

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2010
Secretary of State

Entity Name: MALACHITE AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

RESORT MGMNT.
2685 HORSESHOE DR. S., #215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0682282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANSTONE, GARY
542 JOSEPH COURT #101
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: VP
Name: KURTZ, LARRY
Address: 522 JOSEPH COURT #2
City-St-Zip: NAPLES, FL 34104

Title: P
Name: VANSTONE, GARY
Address: 542 JOSEPH COURT #101
City-St-Zip: NAPLES, FL 34104

Title: T
Name: JOB, RENDELL
Address: 502 JOSEPH COVE 101
City-St-Zip: NAPLES, FL 34104

Title: S
Name: DELLA VECCHIA, MICHAEL
Address: 543 JOSEPH COURT #202
City-St-Zip: NAPLES, FL 34104

Title: D
Name: NEWCOMB, THOMAS
Address: 532 JOSEPH COURT #02
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: GARY VANSTONE

P

03/30/2010

Electronic Signature of Signing Officer or Director

Date