


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90476 038 ****61.25

DOCUMENT # N99000002724 1. Entity Name JASPER AT SAPPHIRE LAKES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH #215 NAPLES, FL 34104 US			Mailing Address RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH #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		Zip	
				Country	
4. FEI Number 59-3581628				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, HAROLD 665 LUISA LANE #1 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>Harold S. Smith</i></u> <u>4/26/06</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, 2006		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	V	<input checked="" type="checkbox"/> Delete		TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANDER, MICHAEL			NAME	Donald Monroe
STREET ADDRESS	655 LUISA LANE #1			STREET ADDRESS	655 Luisa Lane #4
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	Naples, FL 34104
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANKIN, PAUL			NAME	
STREET ADDRESS	655 LUISA LANE #2			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE	PT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HAROLD			NAME	
STREET ADDRESS	665 LUISA LANE #1			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 other like empowered.					
SIGNATURE: <u><i>Harold S. Smith</i></u> <u>4/26/06</u> <div style="display: flex; justify-content: space-between;"> HAROLD S. SMITH Date Daytime Phone # </div>					

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