

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43703

**Entity Name:** SAPPHIRE LAKES MASTER ASSOCIATION, INC.**Current Principal Place of Business:**

C/O COLE, SCOTT & KISSANE, P.A.  
27300 RIVERVIEW CENTER BLVD SUITE 200  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

C/O COLE, SCOTT & KISSANE, P.A.  
27300 RIVERVIEW CENTER BLVD SUITE 200  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 65-0273226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

COLE, SCOTT & KISSANE, P.A.  
27300 RIVERVIEW CENTER BLVD  
STE 200  
BONITA SPRINGS, FL 34134 US

*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:** JAMIE GREUSEL

04/24/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name MEARS, REGINALD  
Address 550 GABRIEL CIRCLE  
#2  
City-State-Zip: NAPLES FL 34104

Title S  
Name VELLA, MARIAN  
Address 217 GABRIEL CIRCLE  
#2809  
City-State-Zip: NAPLES FL 34104

Title P  
Name FOSTER, ROBERT  
Address 380 GABRIEL CIRCLE  
#12  
City-State-Zip: NAPLES FL 34104

Title VP  
Name RAIA, BEN  
Address 2-130 ASAF DRIVE  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name FULLERTON, CONNIE  
Address 313 GABRIEL CIRCLE #5  
City-State-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:** ROBERT FOSTER

PRESIDENT

04/24/2017

Electronic Signature of Signing Officer/Director Detail

Date