

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43703

Entity Name: SAPPHIRE LAKES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE #215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH STE #215
NAPLES, FL 34104 US

FEI Number: 65-0273226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICE OF JAMIE GREUSEL
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145 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

04/16/2013

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 # 9
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 CHAPIN, FLOYD
Address 228 BELINA DRIVE #12
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: FLOYD CHAPIN

VICE PRESIDENT

04/16/2013

Electronic Signature of Signing Officer/Director Detail

Date