

**2014 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

04/11/2014

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 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**

04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date