2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90048 033 ****61.25

DOCUMENT # N02000009028

1. Entity Name
SAPPHIRE COVE NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1013 N STATE RE #7 WEST PALM BEACH, FL 33411	1013 N STATE RE #7 WEST PALM BEACH, FL 33411

02122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #175
City & State	City & State West Palm Beach, Fl.
Zip / Country	Zip 33409 / Country USA

4. FEI Number 01-0770179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATRICIA KIMBALL FLETCHER, P.A. 200 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DREWS, ROBERT 1013 STATE RD #7 N ROYAL PALM BEACH, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARVIN LEVINE 2270 Sapphire Circle WPB Fl 33411	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GOSSELIN, ANETTE 1013 STATE RD., #7 N ROYAL PALM BEACH, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MARIA TRUJILLO 2210 Sapphire Circle WPB Fl 33411	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST INDIVIGLIO, MARIO 1013 STATE RD., #7 N ROYAL PALM BEACH, FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST TAINSKY, EVELYN. 2230 Sapphire Circle WPB Fl, 33411	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2/13/04 561-793-1262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #