

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90004 032 ****61.25

DOCUMENT # N02000009028 1. Entity Name SAPPHIRE COVE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1013 N STATE RE #7 WEST PALM BEACH, FL 33411			Mailing Address 2400 CENTREPARK W. DR. #175 WEST PALM BEACH, FL 33409		
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 01-0770179	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing ☐ \$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 LEVINE MARVIN 2270 SAPPHIRE CIR ROYAL PALM BEACH, FL 33411 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVINE MARVIN 2270 sapphire circle WPB FL 33411 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TRUJULLO, MARIE 2240 SAPPHIRE CIR. WEST PALM BEACH, FL 33411 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO Allan Kelly 2175 sapphire circle WPB FL 33411 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THINSKY, EVELYN 2280 SAPPHIRE CIR WEST PALM BEACH, FL 33411 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST John Rando 2365 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: _____			Date 1-28-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					