

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91292 017 *****61.25

DOCUMENT # **NO2000009028**

1. Entity Name

SAPPHIRE COVE Neighborhood Assoc, Inc

Principal Place of Business

1013 N. STATE RD #7
Royal Palm Bch FL
33411

Mailing Address

G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

11023695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

01-0770179

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW - FEE IS \$61.25

After September 12, 2001 - min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **(DP) Drews, Robert**
 STREET ADDRESS **1013 STATE RD #7 N**
 CITY-ST-ZIP **Royal Palm Bch FL 33411**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **(DP) Gosselin, Annette**
 STREET ADDRESS **1013 STATE RD #7 N**
 CITY-ST-ZIP **Royal Palm Bch FL 33411**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **(DST) Indiviglio, Mario**
 STREET ADDRESS **1013 STATE RD #7 N**
 CITY-ST-ZIP **Royal Palm Bch FL 33411**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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:

Robert W. Drews

4/4/03

CR2E037 (5/01)