


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 723573	
1. Entity Name SAPPHIRE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 4000 N.W. 44TH AVE. LAUDERDALE LAKES, FL 33319	Mailing Address 4000 N.W. 44TH AVE. LAUDERDALE LAKES, FL 33319
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESPTEIN, IRENE 4000 N.W. 44 AVE. LAUDERDALE LAKES, FL 33319	DO NOT WRITE IN THIS SPACE
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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VPDS	NAME LEVY, NINA
STREET ADDRESS 4000 NW 44TH AVENUE	CITY-ST-ZIP LAUDERDALE LAKES, FL 33319
TITLE PD	NAME EPSTEIN, IRENE
STREET ADDRESS 4000 N.W. 44 AVE	CITY-ST-ZIP LAUDERDALE LAKES, FL 33319
TITLE SD	NAME LEVY, NINA
STREET ADDRESS 4000 NW 44 AVE.	CITY-ST-ZIP LAUDERDALE LAKES, FL 33319
TITLE T	NAME PLANCEY, SALLY
STREET ADDRESS 4000 NW 44 AVE	CITY-ST-ZIP FORT LAUDERDALE, FL 33319
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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01/11/05-80039-001 61.25

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: IRENE EPSTEIN Jan 11 2005 904-733-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #