



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 NOV -4 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10292008 REIN-NP CR2E099 (1/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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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	
ESPTIN, IRENE 4000 N.W. 44 AVE. LAUDERDALE LAKES, FL 33319		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 *Irene Epstein* DATE 10/14/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPDS LEVY, NINA 4000 NW 44TH AVENUE LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Palermo, Jack 4000 N.W. 44 Ave. Lauderdale Lakes, Fl. 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EPSTEIN, IRENE 4000 N.W. 44 AVE LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Brown, Claudette 4000 N.W. 44 Ave. Lauderdale Lakes, Fl. 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEVY, NINA 4000 NW 44 AVE. LAUDERDALE LAKSES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Consultant Epstein, Irene 4000 N.W. 44 Ave. Lauderdale Lakes, Fl. 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DEFIORE, ROSE 4000 NW 44TH AVE LAUDERDALE LAKES, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200137600852 11/04/08--01009--008 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NEGRIN, BARBARA 4000 NW 44TH AVE LAUDERDALE LAKES, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Rose DeFiore *Rose DeFiore* DATE 10/29/08 DAYTIME PHONE # 954-733-4072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR