## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **Secretary of State** DOCUMENT # 723573 1. Entity Name 01-08-2003 90162 012 \*\*\*\*61.25 SAPPHIRE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4000 N.W. 44TH AVE. 1 AACT ACC 4000 N.W. 44TH AVE. LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESPTEIN, IRENE 4000 N.W. 44 AVE. LAUDERDALE LAKES FL 33319 ALE UDER Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 **VPDS** ☐ Delete TITLE Change Addition LEVY, NINA NAME 4000 NW 44TH AVENUE STREET ADDRESS LAUDERDALE LAKES FL 33319 CITY-ST-ZIF PD ☐ Delete TITLE ☐ Change ☐ Addition EPSTEIN, IRENE NAME 4000 N.W. 44 AVE STREET ADDRESS LAUDERDALE LAKES FL 33319 CITY-ST-ZIP SD-TITLE ☐ Delete ☐ Change ☐ Addition LEVY, NINA 4000 NW 44 AVE. STREET ADDRESS LAUDERDALE LAKSES FL 33319 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME 33319 STREET ADDRESS CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS

12. Thereby 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:

SIGNATURE REQUIRED

FILED Jan 08, 2003 8:00 am

10. TITLE NAME STREET ADDRESS 3R2E037 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP