



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90087 011 ****61.25

DOCUMENT # N94000003283 1. Entity Name SAPPHIRE BAY RECREATION ASSOCIATION, INC.					
Principal Place of Business % PINES PROPERTY MGMT 19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33029 US			Mailing Address % PINES PROPERTY MGMT P.O. BOX 820100 SO FLORIDA, FL 33082-0100 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01212008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0549336	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent EVANS, THOMAS R % PINES PROPERTY MGMT 19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD RIVERA-CUSSELL, CATHI 1871 SW 176 AVE MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, ANA 1911 SW 176 AVE MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCOMMON, KATHRYN 17607 SW 20 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUNNER, SYLVIE 1896 SW 177 TERR MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBERN, FRANCISCO 17628 SW 20 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Kathryn A. McCommon</i> KATHRYN A. McCommon 02/18/08 9544386570					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					