2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N94000003283

Entity Name: SAPPHIRE BAY RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

% PINES PROPERTY MGMT
19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

% PINES PROPERTY MGMT
P.O. BOX 820100
SO FLORIDA, FL 330820100 US

New Mailing Address:

FEI Number: 65-0549336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DR. #210
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RIVERA-CUSSELL, CATHI
Address: 1871 SW 176 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: TD ( ) Delete
Name: REYES, ANA
Address: 1911 SW 176 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: TD ( ) Delete
Name: MCCOMMON, KATHRYN
Address: 17607 SW 20 ST
City-St-Zip: MIRAMAR, FL 33029

Title: SD ( ) Delete
Name: BRUNNER, SYLVIE
Address: 1896 SW 177 TERR
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: IBERN, FRANCISCO
Address: 17628 SW 20 ST
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MCCOMMON, KATHRYN
Address: 17607 SW 20 ST
City-St-Zip: MIRAMAR, FL 33029

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN MCCOMMON VP 04/27/2009

Electronic Signature of Signing Officer or Director — Date