

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90045 019 ****61.25

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1. Entity Name

SAPPHIRE SOUND RECREATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PINES PROPERTY MGT.
19620 PINES BLVD, STE 205
PEMBROKE PINES FL 33029
US

C/O PINES PROPERTY MGMT
P.O. BOX 820100
SO. FLORIDA FL 33082-0100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0681792

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EVANS, THOMAS R JR
C/O PINES PROPERTY MGT.
19620 PINES BLVD, STE 205
PEMBROKE PINES FL 33029

Name **ROBERT KAYE & ASSOCIATES, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
6261 NW 6TH WAY

SUITE 103

City **FT. LAUDERDALE**

FL

Zip Code **33309**

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
DP
CEPEDA, BRENDA
3067 SW 179 AVE
MIRAMAR FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RIVAS, GEORGE
2941 SW 179 AVE
MIRAMAR FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RIVAS, Gerardo ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
ROWDON-BRADY, MELODY
17932 SW 29 LN
MIRAMAR FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RIVERA, GARY
17945 SW 29 CT
MIRAMAR FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
FLOYD, MARIA
2951 SW 179 AVE
MIRAMAR FL 33029 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Brenda Cepeda

3-8-7

9543099506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #