FILE NOW: FILING FEE IS $61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005438 (5)

1. Corporation Name
SAPPHIRE SHORES RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039	1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-8908

3. Date Incorporated or Qualified: 11/15/1995
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business	2a. Mailing Address
21 C/O PINES PROPERTY MGT	26 C/O PINES PROPERTY MGT
Suite, Apt. #, etc. 22 17340 PINES BLVD	Suite, Apt. #, etc. 27 PO BOX 820100
City & State 23 PEMBROKE PINES FL	City & State 28 SO. FLORIDA FL
Zip 24 33029 Country 25 USA	Zip 29 33082 Country 30 USA

4. FEI Number: ~~--APPLIED FOR-~~ 65-0681794 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANT, MARK RUDEN MCCLOSKY 200 E BROWARD BLVD FT LAUDERDALE FL 33302	81 Name: EVANS JR THOMAS R 82 Street Address (P.O. Box Number is Not Acceptable): C/O PINES PROPERTY MGT 83: 17340 PINES BLVD 84 City: PEMBROKE PINES FL 85 Zip Code: 33029

11. Pursuant to the provisions of ~~Sections 617.~~9502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] THOMAS R EVANS JR 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SILAS, LESLIE D		1.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DRIVE #200		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FANT, ALAN		2.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DRIVE #200		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COSTELLO, RICHARD		3.2 NAME		
STREET ADDRESS	1401 UNIVERSITY DRIVE #200		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ~~REQUIRED~~ Vice President 4/12/97 954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026038