## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 01, 2002 8:00 am Secretary of State DOCUMENT # N95000005438 SAPPHIRE SHORES RECREATION ASSOCIATION, INC. 04-01-2002 90170 042 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O PINES PROPERTY MGT. C/O PINES PROPERTY MGT. 17794 SW 2ND ST P.O. BOX 820100 PEMBROKE PINES FL 33029 SO. FLORIDA FL 33082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0681794 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EVANS, THOMAS R JR. C/O PINES PROPERTY MGT. 17794 SW 2ND ST City Zip Code PEMBROKE PINES FL 33029 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE Delete Addition NAME RUEGER, ERIC L NAME STREET ADDRESS STREET ADDRESS 1828 SW 175TH AVE CITY-ST-ZIP MIRAMAR FL 33029 CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE ☐ Addition NAME SANCHEZ, JAVIER A spirat, subjud NAME STREET ADDRESS 2243 SW 173RD AVE STREET ADDRESS 2243 SW 173 CITY-ST-ZIP MIRAMAR FL 33029 CITY-ST-ZIP TITLE DTS Addition TITLE ☐ Change FONSECA, JUAN CARLOS NAME DAVIS, MARTIN NAME STREET ADDRESS STREET ADDRESS 17443 SW 19 STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33029 TITLE ☐ Delete TITLE Addition Change NAME 20DRIGUEZ, LUIS NAME STREET ADDRESS STREET ADDRESS 17303 5W CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE ☐ Change NAME FLINCHUM, ANA S8 SW 175 TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change , CHRISTIAN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 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 receive nor trustee expowered to require 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 attachmen

SIGNATURE:

(9/01)

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