

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000005438

1. Entity Name
SAPPHIRE SHORES RECREATION ASSOCIATION, INC.



Principal Place of Business
C/O PINES PROPERTY MGT.
17794 SW 2ND ST
PEMBROKE PINES, FL 33029 US

Mailing Address
C/O PINES PROPERTY MGT.
P.O. BOX 820100
SO. FLORIDA, FL 33082 US



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0681794

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

EVANS, THOMAS R JR.
C/O PINES PROPERTY MGT.
17794 SW 2ND ST
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

U00000117612
04/19/04-80027-008 61.25

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME GORDON, DARNEL
STREET ADDRESS 17377 SW 22 CT.
CITY - ST - ZIP MIRAMAR, FL 33029

TITLE PD
NAME SANCHEZ, JAVIER
STREET ADDRESS 2243 SW 173RD AVE
CITY - ST - ZIP MIRAMAR, FL 33029

TITLE STD
NAME RODRIGUEZ, LUIS A
STREET ADDRESS 17303 SW 22 ST
CITY - ST - ZIP MIRAMAR, FL 33029

TITLE VPD
NAME MENDOZA, BEATRIZ
STREET ADDRESS 17431 SW 18 STREET
CITY - ST - ZIP MIRAMAR, FL 33029

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

JAVIER A. Sanchez 02-04-04

954 438-6570