2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90149 022 ****61.25

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1. Entity Name
SAPPHIRE SHORES RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33029 US	C/O PINES PROPERTY MGT. P.O. BOX 820100 SO. FLORIDA, FL 33082 US

02092006 No Chg-NP CR2E037 (11/05)

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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.
19620 PINES BLVD, STE 205
PEMBROKE PINES, FL 33029

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	~~VPD~~
NAME	~~GORDON, BARNEL~~ Remove
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4-1-06 (954) 438-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #