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

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90045 016 ****61.25

DOCUMENT # **N95000005438**

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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: Robert Kaye President 4-13-07
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	PD ☒ Delete	TITLE	PD ☐ Change ☒ Addition
NAME	SANCHEZ, JAVIER	NAME	DAMONTE, AUELINA
STREET ADDRESS	2243 SW 173RD AVE	STREET ADDRESS	17321 SW 18 ST
CITY-ST-ZIP	MIRAMAR FL 33029	CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	STD ☒ Delete	TITLE	VPD ☐ Change ☒ Addition
NAME	RODRIGUEZ, LUIS A	NAME	INFANTE, JORGE
STREET ADDRESS	17303 SW 22 ST	STREET ADDRESS	17419 SW 21 CT
CITY-ST-ZIP	MIRAMAR FL 33029	CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	VPD ☒ Delete	TITLE	S/T D ☐ Change ☒ Addition
NAME	MENDOZA, BEATRIZ	NAME	DIXON, DON
STREET ADDRESS	17431 SW 18 STREET	STREET ADDRESS	17398 SW 22 CT
CITY-ST-ZIP	MIRAMAR FL 33029	CITY-ST-ZIP	MIRAMAR FL 33029
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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: 03/19/07 954 433 1061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #