


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90087 013 ****61.25

DOCUMENT # N95000005438	
1. Entity Name SAPPHIRE SHORES RECREATION ASSOCIATION, INC.	

Principal Place of Business 19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33029 US	Mailing Address C/O PINES PROPERTY MGT. P.O. BOX 820100 SO. FLORIDA, FL 33082 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01212008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0681794		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAMONTE, AUELINA 17321 SW 18TH ST MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Vera, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17418 SW 20th Ct Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INFANTE, JORGE 17419 SW 21 CT MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manuel Gonzalez del Valle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary 17392 SW 21 Ct Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT DIXON, DON 17398 SW 22 CT MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anna Rueger, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1828 SW 175 Ave Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* President 03/17/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #