2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jul 11, 2006 8:00 am
Secretary of State
05-03-2006 90209 018 ****61.25

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1. Entity Name
SAPPHIRE POINTE RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PINES PROPERTY MGT. 19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33229 US	C/O PINES PROPERTY MGT. PO BOX 820100 SO. FLORIDA, FL 33082 US

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02092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0711313
☐ 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	VP
NAME	TARRIO, JOSE
STREET ADDRESS	3163 SW 176 TER
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	D
NAME	MATHIS, DENISE
STREET ADDRESS	17647 SW 32 ST
CITY-ST-ZIP	MIRIMAR, FL 33029
TITLE	D
NAME	ALLISON, CAROL
STREET ADDRESS	3136 SW 176 TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	P
NAME	IKE, CHRISTIAN
STREET ADDRESS	17602 SW 32 ST
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	ST
NAME	CARTER, DOREEN
STREET ADDRESS	17668 SW 31 COURT
CITY-ST-ZIP	MIRAMAR, FL 33029
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: Dan Ike HOA President 7/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #