


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-21-2008 90087 012 ****61.25

DOCUMENT # N96000004486					
1. Entity Name SAPHIRE POINTE RECREATION ASSOCIATION, INC.					
Principal Place of Business C/O PINES PROPERTY MGT. 19620 PINES BLVD, STE 205 PEMBROKE PINES, FL 33229 US			Mailing Address C/O PINES PROPERTY MGT. PO 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	4. FEI Number 65-0711313	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IVY, TANYA VP 17620 SW 32 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Loresa Melvin President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATHIS, DENISE 17647 SW 32 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tanya Ivy Vice President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOPEZ, JESUS 3172 SW 176 WAY MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Denise Mathis Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REYES, JUANITA 17698 SW 32 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Loresa Melvin Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LORESA 17695 SW 32 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROIAS, MACIA 17626 SW 32 ST MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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: <i>Loresa Melvin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 2/29/08 Daytime Phone #	