

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723573

Entity Name: SAPPHIRE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4000 N.W. 44TH AVE.
LAUDERDALE LAKES, FL 33319**Current Mailing Address:**C/O PHOENIX MANAGEMENT SERVICES
4800 N STATE ROAD 7 105
LAUDERDALE LAKES, FL 33319 US**FEI Number:** 59-1512053**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LINDIE, BETH
400 S.E 6TH STREET
FORT LAUDERDALE, FL 33301 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	D'ALESIO, NATALE
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	DIRECTOR
Name	BROWN, CLAUDETTE
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	TREASURER
Name	MACRI, STELLA
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	D
Name	VICENZO , FERRO
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	VP
Name	BISECCO, SALVATORE
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	SECRETARY
Name	BROWN, SUSAN
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

Title	D
Name	PAMPENA, GINO
Address	C/O PHOENIX MANAGEMENT SERVICES 4800 N STATE ROAD 7 105
City-State-Zip:	LAUDERDALE LAKES FL 33319

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: D'ALESIO , NATALE**PRESIDENT****04/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date