

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

RHONDA HOLLANDER, P.A.
314 SOUTH FEDERAL HIGHWAY
DANIA BEACH, , FL 33004 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: RHONDA HOLLANDER

08/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title SECRETARY
Name JACKSON, GLORIA
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: CHARMAINE HICKEY

PRESIDENT

08/08/2024

Electronic Signature of Signing Officer/Director Detail

Date