2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723573

Entity Name: SAPPHIRE CONDOMINIUM ASSOCIATION, INC.

FILED Apr 07, 2021 Secretary of State 4421518546CC

Date

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 04/07/2021

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **TREASURER** DIRECTOR

D'ALESIO, NATALE BISECCO, SALVATORE Name Name

C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT Address

SERVICES

4800 N STATE ROAD 7 105 4800 N STATE ROAD 7 105

LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 City-State-Zip: City-State-Zip:

SECRETARY Title DIRECTOR Title

PAMPENA, LILIANA HICKEY, CHARMAINE Name Name

C/O PHOENIX MANAGEMENT C/O PHOENIX MANAGEMENT Address Address

SERVICES

4800 N STATE ROAD 7 105 4800 N STATE ROAD 7 105

City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR Title **PRESIDENT**

FALZARANO, DOMINIC Name GRENCI, SERGIO Name

Address C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT **SERVICES**

SERVICES

4800 N STATE ROAD 7 105 4800 N STATE ROAD 7 105

City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip: LAUDERDALE LAKES FL 33319

Title Title DIRECTOR

PAMPHILE, JOSEPH FERRO, MARIANNA Name Name

C/O PHOENIX MANAGEMENT Address C/O PHOENIX MANAGEMENT Address SERVICES

SERVICES

4800 N STATE ROAD 7 105 4800 N STATE ROAD 7 105

LAUDERDALE LAKES FL 33319 City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip:

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SERVICES

SERVICES

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.

04/07/2021 SIGNATURE: DOMINIC FALZARANO PRESIDENT

Officer/Director Detail Continued:

Title DIRECTOR

Name NEGRIN, ROWEN

Address C/O PHOENIX MANAGEMENT SERVICES

4800 N STATE ROAD 7 105

City-State-Zip: LAUDERDALE LAKES FL 33319