

**2019 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:**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

04/01/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

**Continues on page 2**

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:** MARIA TRAINI MONGELLI ,

PRESIDENT

04/01/2019

**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