2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723573

Entity Name: SAPPHIRE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 09, 2020
Secretary of State
9050465415CC

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 03/09/2020

Electronic Signature of Registered Agent Date

SERVICES

SERVICES

LAUDERDALE LAKES FL 33319

Officer/Director Detail:

City-State-Zip:

Title TREASURER Title VP

Name D'ALESIO, NATALE Name BISECCO, SALVATORE

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

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 SECRETARY Title DIRECTOR

Name PAMPENA, LILIANA Name SANSONE, NELLO

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

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

Name GRENCI, SERGIO Name FALZARANO, DOMINIC

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

SERVICES SERVICES

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

Title DIRECTOR Title DIRECTOR

LAUDERDALE LAKES FL 33319

Name PAMPHILE, JOSEPH Name FERRO, MARIANNA

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

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City-State-Zip:

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: DOMINIC FALZARANO PRESIDENT 03/09/2020

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