

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005438

Entity Name: SAPPHIRE SHORES RECREATION ASSOCIATION, INC.**Current Principal Place of Business:**C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
PEMBROKE PINES, FL 33332**Current Mailing Address:**C/O PINES PROPERTY MGT.
P.O. BOX 820100
SO. FLORIDA, FL 33082 US**FEI Number:** 65-0681794**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE
SUITE 329
PLANTATION, FL 33324 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	SECRETARY
Name	FELTGEN, DENNIS
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	VP
Name	CRESPO, NELSON
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	PRESIDENT
Name	BYCZKOWSKI, IGOR
Address	C/O PINES PROPERTY MANAGEMENT, INC 6941 SW 196TH AVE SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	TREASURER
Name	MORALES, GLORIA
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

Title	DIRECTOR
Name	BUSTOR, SERGIO
Address	6941 SW 196 AVE SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

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: IGOR BYCZKOWSKI**PRESIDENT****03/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date