2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2015
Secretary of State
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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 315
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	P
Name	DAMMANN, STEVEN
Address	C/O PINES PROPERTY MGMT 6941 SW 196 AVE, SUITE 27
City-State-Zip:	PEMBROKE PINES FL 33332

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

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

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

Title	VP
Name	DE LA CRUZ, CARLOS
Address	C/O PINES PROPERTY MANAGEMENT, INC 6941 SW 196TH 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: DAMMANN, STEVEN P 03/24/2015

Electronic Signature of Signing Officer/Director Detail — Date