FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

745593

(4)

SIERRA DEL MAR PROPERTY OWNERS ASSOCIATION, INC.

						1				a ii bib ili ibi
Principal Place of Business Mailing Address							t ibatit idāli Aida) dijā, airia iaisa	11)1 01011 11	416 47811 WIDIL W I	311 01011 1001
21820 ATRIUM BLVD 21820 ATRIUM BLVD										
BOCA RATON F		BOCA RATON FL 33433-3359								
						3. Date	Incorporated or Qualified	3a. D	ate of Last Re	
							01/16/1979	<u></u>	03/22/199	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			Applied For		
21		26			ļ	59-2079896			t Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Cer	ificate of Status Desired		\$8.75 A Fee Re		
City & State		City & State			e Elor	tion Campaign Financing		\$5.00	····	
23		28				t Fund Contribution		Added t		
Zip	Country	Zip Country			,	+	corporation has liability for	intangible	tax under s.	199.032,
24	25	29 3	10			Florida Statutes				
	Name and Address of Current Registered Agent					10. Nai	ne and Address of New Re	gistered	Agent	
			10	81	Name					
HAMMILI	., TERESA F.		1	82	Street Addre	Address (P.O. Box Number is Not Acceptable)				
	CAMINO GARDENS BLVD									
BOCA R	ATON FL 33432		ľ	83						
			Ī	84	City	· · · · · · · · · · · · · · · · · · ·	<u></u>	FL	85 Zip (Code
11. Pursuant t	o the provisions of Sections 617.05	502 and 617.1508. Florida Statutes	the ab	ove-	-named corp	oration su	omits this statement for the p		of changing it	s registered
office or re	o the provisions of Sections 617.05 egistered agent, or both, in the Stat n familiar with, and accept the obli	te of Florida. Such change was au gations of Section 617 0503. Flori	thorized da Statu	by des	the corporation	ion's board	of directors. I hereby accep	ot the a p	pointment as	registered
SIGNATURE _	triaminar with, and accept the obig	gations of, coolisin orribos, from	aa otalo		•					
SIGNATURE _	Signature, typed or printed name of registered a	gent and little if applicable. (NOTE: I	Registered	Agen	ni signature require			DATE		
12.		ND DIRECTORS	13.			ADD	ITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR Change	RS IN 12
TITLE	STD	☐ DELETE	1.1 T(T)						L Cristige	L Addition
NAME	HERMAN, ARLENE		1.2 NAJ							,
STREET ADDRESS	21820 ATRIUM BLVD				ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CIT 2.1 TIT		- ZIP				Change	Addition
TITLE	TD CAMPUTE WALTED									— /
NAME	SAMPLES, WALTER		2.2 NAME 2.3 STRE		ADDDECC		· .			
STREET ADDRESS	21820 ATRIUM BLVD		2.4 CITY							
CITY-ST-ZIP TITLE	BACO RATON FL 33433 VD	DELETE	3.1 TIT		1- KIL				Change	Addition
NAME	MORSE, IRVING			3.2 NAME						_
STREET ADDRESS	21820 ATRIUM BLVD.				ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		3.4. CI							
TITLE	DOUN INTOINIL	DELETE	4.1 TITLE		***				Change	Addition
NAME			4. 2 NAM							
STREET ADDRESS			4.3 STRE		ADDRESS					
CITY-ST-ZIP			4.4 CiTY-				•			
TITLE		DELETE	5.1 TIT						Change	Addition
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STI	REET.	ADDRESS					
CITY-ST-ZIP			5.4 CIT				1			
TITLE		☐ DELETE	6.1 TITLE						Change	Addition
NAME			6.2 NA	ME		_	* * * * * * * * * * * * * * * * * * *			
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY - ST - 7IP			6.4 CH				*:			

SIGNATURE:

FILED

Feb 04 1997 8:00am

Secretary of State