


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745593 (4)**  
 T. Corporation Name  
**SIERRA DEL MAR PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business 21820 ATRIUM BLVD BOCA RATON FL 33433	Mailing Address 21820 ATRIUM BLVD BOCA RATON FL 33433
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3. Date Incorporated or Qualified <b>01/16/1979</b>		
4. FEI Number <b>59-2079896</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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**9. Name and Address of Current Registered Agent**

HAMMILL, TERESA F.  
 370 W. CAMINO GARDENS BLVD  
 BOCA RATON FL 33432

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD HERMAN, ARLENE 21820 ATRIUM BLVD BOCA RATON FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD SAMPLES, WALTER 21820 ATRIUM BLVD BOCA RATON FL 33433	<input checked="" type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	VD MORSE, IRVING 21820 ATRIUM BLVD. BOCA RATON FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.2 NAME
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.2 NAME
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.2 NAME
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.2 NAME
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

Handwritten entry in Block 13:  
 P/D DONALD ARRINGTON  
 21820 ATRIUM BLVD  
 BOCA RATON FL 33433

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arlene Herman* **SIGNATURE REQUIRED** ARLENE HERMAN 1/13/98 (561) 391-9223

CR2E037 (10/97)