

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90202 014 ****61.25

NONPROFIT CORPORATION *BOY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745593 1. 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	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/16/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2079896	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		30. Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAMMILL, TERESA F. 370 W. CAMINO GARDENS BLVD BOCA RATON FL 33432				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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMAN, ARLENE	1.2 NAME	THOMSON SANDRA
STREET ADDRESS	21820 ATRIUM BLVD	1.3 STREET ADDRESS	21820 ATRIUM BLVD
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SECTY. D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRINGTON, DONALD	2.2 NAME	WALTER SAMPLES
STREET ADDRESS	21821 ATRIUM BLVD	2.3 STREET ADDRESS	21820 ATRIUM BLVD
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	WALTER SAMPLES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, IRVING	3.2 NAME	WALTER SAMPLES
STREET ADDRESS	21820 ATRIUM BLVD.	3.3 STREET ADDRESS	21820 ATRIUM BLVD
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	WILLIAM SIMMONS
STREET ADDRESS		4.3 STREET ADDRESS	21820 ATRIUM BLVD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: ARLENE HERMAN 2/10/99 561-391-9443
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)