

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90356 045 ****61.25

DOCUMENT # 745593

1. Entity Name

SIERRA DEL MAR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

21820 ATRIUM BLVD
 BOCA RATON FL 33433

21820 ATRIUM BLVD
 BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2079896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Philip J. Croyle PA**
 Street Address (P.O. Box Number is Not Acceptable)

2500 N. Military Trail #480

City **Boca Raton** FL Zip Code **33431**

8. 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

[Handwritten Signature]

4/11/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD NICEWENGER, JOHN**
 STREET ADDRESS **21820 ATRIUM BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME **YD Nicewonger, John**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD ANGELUCCI, MARIE**
 STREET ADDRESS **21820 ATRIUM BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD REED, CAROL**
 STREET ADDRESS **21820 ATRIUM BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME **STD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD ZAKHACIA, DEANNE**
 STREET ADDRESS **21820 ATRIUM BLVD**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME **PD Zakharia, Deanna**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deanna M. Zakharia*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/02
 Date

561-739-2257
 Daytime Phone #

CR2E037 (9/01)