


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90264 007 ****61.25

DOCUMENT # 745593					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PHILIP J. CROYLE PA 2500 N MILITARY TRAIL 480 BOCA RATON, FL 33431				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICEWONGER, JOHN			NAME	SMEJKAL, ANDREW
STREET ADDRESS	21820 ATRIUM BLVD			STREET ADDRESS	21820 ATRIUM BLVD
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	STD	<input type="checkbox"/> Delete		TITLE	
NAME	REED, CAROL			NAME	
STREET ADDRESS	21820 ATRIUM BLVD			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	ZAKHARIA, DEANNA			NAME	
STREET ADDRESS	21820 ATRIUM BLVD.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>Carol Reed</i>		CAROL Reed Sec-Treas		4/10/04 561 447-4332	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	



04102004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2079896 59-2079869 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required