


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90355 015 ****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		4. FEI Number 59-2079869	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Philip J. Croyle PA Street Address (P.O. Box Number is Not Acceptable) 370 W. Camino Gardens Blvd #300 City Boca Raton FL Zip Code 33432		
new address----					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANGEEMAN, TOM		NAME		
STREET ADDRESS	21820 ATEIAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, CAROL		NAME	Reed, Carol	
STREET ADDRESS	21820 ATRIUM BLVD		STREET ADDRESS	21820 Atrium Blvd., Boca Raton, FL 33433	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Snyder, Bruce	
STREET ADDRESS			STREET ADDRESS	21820 Atrium Blvd., Boca Raton, FL 33433	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tobal, Jane	
STREET ADDRESS			STREET ADDRESS	21820 Atrium Blvd., Boca Raton, FL 33433	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: <u>Carol Reed</u>		CAROL Reed, Treasurer		4/12/06 561-447-4332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	