


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90103 031 \*\*\*\*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**

40076894



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2079869**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**PHILIP J. CROYLE PA  
 370 W CAMINO GARDENS BLVD  
 300  
 BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	REED, CAROL	21820 ATRIUM BLVD	BOCA RATON, FL 33433	<input type="checkbox"/>
PD	ZAKHARIA, DEANNA	21820 ATRIUM BLVD.	BOCA RATON, FL 33433	<input type="checkbox"/>
VP	SNYDER, BRUCE	21820 ATRIUM BLVD	BOCA RATON, FL 33433	<input type="checkbox"/>
S	TOBAL, JANE	21820 ATRIUM BLVD	BOCA RATON, FL 33433	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	William Simmons	21820 Atrium Blvd	Boca Raton, FL 33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Mario Angelucci	21820 Atrium Blvd	Boca Raton, FL 33433	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Deanna M Zakharia Deanna M Zakharia 4/19/07 561-239-0077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #