

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 FEB 27 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **749779** (5)  
1. Corporation Name  
**SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% ASSOCIATED PROPERTY MANAGEMENT** **% ASSOCIATED PROPERTY MANAGEMENT**  
400 S. DIXIE HWY., SUITE 10 400 S. DIXIE HWY., SUITE 10  
LAKE WORTH FL 33460-2530 LAKE WORTH FL 33460-2530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/14/1979** 3a. Date of Last Report **04/08/1994**  
4. FEI Number **59-2067524** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**ASSOCIATED PROPERTY MANAGEMENT**  
400 S. DIXIE HWY  
SUITE 10  
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>0</del>
NAME	<del>TANFIELD, TED</del>
STREET ADDRESS	<del>2273 IDA WAY 31A</del>
CITY - ST - ZIP	<del>WEST PALM BEACH FL</del>
TITLE	<del>ED/P</del>
NAME	<del>ACKER, LARRY</del>
STREET ADDRESS	<del>2574 IDA WAY, # 5-A</del>
CITY - ST - ZIP	<del>W PALM BEACH FL</del>
TITLE	<del>PD</del>
NAME	<del>TURNER, JAMES</del>
STREET ADDRESS	<del>2000 IDA WAY, #11-A</del>
CITY - ST - ZIP	<del>WEST PALM BCH FL</del>
TITLE	<del>VD</del>
NAME	<del>KELLY, GORDON</del>
STREET ADDRESS	<del>2002 IDA WAY, #11-B</del>
CITY - ST - ZIP	<del>W PALM BEACH FL</del>
TITLE	<del>SD</del>
NAME	<del>PERSONS, PAUL</del>
STREET ADDRESS	<del>2730 IDA WAY, #10-A</del>
CITY - ST - ZIP	<del>W. PALM BEACH FL</del>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Gilette	
1.3 STREET ADDRESS	2261 Ida way	
1.4 CITY - ST - ZIP	WPB, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alicia Varro	
3.3 STREET ADDRESS	2663 Ida way	
3.4 CITY - ST - ZIP	WPB, FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Genell Robertson	
4.3 STREET ADDRESS	2267 Ida way	
4.4 CITY - ST - ZIP	WPB, FL	
5.1 TITLE	TID	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Craig Dougherty	
5.3 STREET ADDRESS	414 Glenwood Drive	
5.4 CITY - ST - ZIP	APALACHIS, FL	
6.1 TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lawrence J. Acker	
6.3 STREET ADDRESS	2574 Ida Way P.O. B. 33915	
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 affidavit.

SIGNATURE: *Lawrence J. Acker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95 487/588-7210  
Date Filing Fee #