

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749779 (5)

1. Corporation Name

SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **11/14/1979** 3a. Date of Last Report **02/27/1995**
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**
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 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

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

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY
SUITE 10
LAKE WORTH FL 33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ DELETE
NAME **GILETTE, MARY**
STREET ADDRESS **2261 IDA WAY**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ~~DP~~ DELETE
NAME **ACKER, LARRY**
STREET ADDRESS **2574 IDA WAY, # 5-A**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE ~~D~~ DELETE
NAME **VARGO, ALICIA**
STREET ADDRESS **2663 IDA WAY**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE **SD** DELETE
NAME **ROBERTSON, GENELL** *Roberson, Genell*
STREET ADDRESS **2267 IDA WAY**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE **TD** DELETE
NAME **DOUGHERTY, CRAIG**
STREET ADDRESS **448 GLENBROOKS DRIVE**
CITY-ST-ZIP **ATLANTIS FL**

TITLE ~~P~~ DELETE
NAME **ACHER, LAWRENCE J**
STREET ADDRESS **2574 IDA WAY**
CITY-ST-ZIP **WEST PALM BEACH FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME **Suarez, Gilbert**
2.3 STREET ADDRESS **1777 16th Court North**
2.4 CITY-ST-ZIP **Lake Worth, FL**

3.1 TITLE Change Addition
3.2 NAME **Namek, Jounana**
3.3 STREET ADDRESS **2309 Ids Way**
3.4 CITY-ST-ZIP **WPB, FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 address.

SIGNATURE: *D. Nancy Gillette* 3/20/96 (407) 791 4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)