FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT #
1. Corporation Name

749779

(5)

SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address	Mailing Address			d minde minde minde minde night night hinde
% ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HWY SUITE 10 LAKE WORTH FL 33460-2530		% ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HWY SUITE 10 LAKE WORTH FL 33460-4455		3. Date Incorporated or Qualified	3a. Date of Last Report	
					11/14/1979	04/05/1996
Principal Place of Business 2a. Mailing Address					4. FEI Number 59-2067524	Applied For
21						Not Applicable
22 27			ot. 11, 010.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23 Zip	p Country Zip		Country			Added to Fees
24			30	ountry 8. This corporation has liability for intangible tex under s. 199.032, Florida Statutes		
.27	9. Name and Address of Curren		[30]		10. Name and Address of New Regi	
			8	1 Name)	
ASSOCIATED PROPERTY MANAGEMENT				2 Street	t Address (P.O. Box Number is Not Acceptable	5
400 S. DIXIE HWY					Tridainas (1.0. Dox ridinos is not ricooptable	,
SUITE 10			6	3		
LAKE WORTH FL 33460			6	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050.	2 and 617.1508. Florida Statu	tes, the abo	ve-nameo	d corporation submits this statement for the pur	
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:						
	Signature, typed or printed name of registered age		TE: Registered /	gent signatur	re required when reinstating)	DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	PD Gilette, Mary	☐ DELETE	1.1 TITLI			L Change Addition
NAME	2261 IDA WAY		1.2 NAM			
STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH FL			ET ADDRESS		
TITLE	VD	DELETE	1.4 CITY 2.1 TITLE			☐ Change ☐ Addition
NAME	SUAREZ, GILBERT	-	2.2 NAM			
STREET ADDRESS	1777 16TH COURT NORTH		2.3 STRE	EY ADDRESS		
CITY-S1-ZIP	LAKE WORTH FL		2.4 CITY	-ST-ZIP		7%
TITLE	-0	(★ DELETE	3.1 TITLI		VD	Change Addition
NAME	NAMEK, JOUMANA		3.2 NAM	Ĕ	walter, Ray	
STREET ADDRESS	2309 IDA WAY -		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL.	Desert		- ST-ZIP	W.P.B., CL	
TITLE	SD Roberosn, Genell	☐ DELETE	4 1 TITLI			Change Addition
NAME Street Address	2267 IDA WAY		4.2 NAN			
STREET AUURESS	W PALM BEACH FL		4.3 STRE	ET ADDRESS		
TITLE	TD	☐ DELETE	51 TITL			☐ Change ☐ Addition
NAME	DOUGHERTY, CRAIG		52 NAM			
STREET ADDRESS	448 GLENBROOKS DRIVE			et address		
CITY-ST-ZIP	ATLANTIS FL		5.4 CITY			
TITLE		☐ DELETE	6.1 TITLI			Change Addition
NAME			62 NAM	E	•	
STREET ADDRESS			63 STRE	et address		
CITY-ST-ZIP	and the second s	J	64 CITY			
informatio	o indicated on this appual rapact or a	upplomontal appual report is :	**		stated in Section 119.07(3)(i), Florida Statutes, d that my signature shall have the same legal of	
Information indicate of this arman legal effect as it made under oath; mail I am an officer or director of the corporation or the receiver or trustee employered 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 of an atlachment with a dadyress.						