


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749779** (5)
1. Corporation Name
SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % ASSOCIATED PROPERTY MANAGEMENT 400 S. DIXIE HWY., SUITE 10 LAKE WORTH FL 33460-2530	Mailing Address % ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY., SUITE 10 LAKE WORTH FL 33460-2530
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3. Date Incorporated or Qualified 11/14/1979	
4. FEI Number 59-2067524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	GILLETTE, MARY 2281 IDA WAY WEST PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	
TITLE VD	SUAREZ, GILBERT 1777 18TH COURT NORTH LAKE WORTH FL	<input checked="" type="checkbox"/> DELETE	
TITLE DP	WALTER, RAY 2646 IDA WAY WEST PALM BCH FL	<input type="checkbox"/> DELETE	
TITLE SD	ROBERSON, GENELL 2267 IDA WAY W PALM BEACH FL	<input checked="" type="checkbox"/> DELETE	
TITLE TD	DOUGHERTY, CRAIG 448 GLENBROOKS DRIVE ATLANTIS FL	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
1.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Saturday, Donald		
1.3 STREET ADDRESS	2691 Ida way		
1.4 CITY - ST - ZIP	W. P. B., FL		
2.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Detrick, Felicia		
2.3 STREET ADDRESS	2255 Ida way		
2.4 CITY - ST - ZIP	W. P. B., FL		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Haran, Maryann		
4.3 STREET ADDRESS	2662 Ida way		
4.4 CITY - ST - ZIP	W.P.B., FL		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Handwritten Signature]* 2/24/98 561-433-8209

CR2E037 (10/97)