

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749779

1. Entity Name

SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90092 036 \*\*\*\*61.25

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 33460-4455
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2067524</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<del>VD</del> <input type="checkbox"/> Delete
NAME	<del>SATURDAY, DONALD</del>
STREET ADDRESS	<del>2691 IDA WAY</del>
CITY-ST-ZIP	<del>WEST PALM BEACH FL</del>
TITLE	<del>SD</del> <input type="checkbox"/> Delete
NAME	<del>DETRICK, FELICIA</del>
STREET ADDRESS	<del>2255 IDA WAY</del>
CITY-ST-ZIP	<del>LAKE WORTH FL</del>
TITLE	DP <input type="checkbox"/> Delete
NAME	WALTER, RAY
STREET ADDRESS	2646 IDA WAY
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	VD <input type="checkbox"/> Delete
NAME	HARAN, MARYANN
STREET ADDRESS	2662 IDA WAY
CITY-ST-ZIP	W PALM BEACH FL
TITLE	TD <input type="checkbox"/> Delete
NAME	DOUGHERTY, CRAIG
STREET ADDRESS	448 GLENBROOKS DRIVE
CITY-ST-ZIP	ATLANTIS FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Tanfield
STREET ADDRESS	2273 Ida Way
CITY-ST-ZIP	WPB, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] **REQUIRED** Date: 2/29/00 Daytime Phone #: 561-433-8209

CR2E037 (9/99)