

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90064 037 ****61.25

DOCUMENT # 749779

1. Entity 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

% ASSOCIATED PROPERTY MANAGEMENT
 400 S. DIXIE HWY., SUITE 10
 LAKE WORTH FL 33460-2530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2067524

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D / Secretary**
 STREET ADDRESS **TANFIELD, DOROTHY**
 CITY-ST-ZIP **2273 IDA WAY WEST PALM BEACH FL**

TITLE Change Addition
 NAME **Vice President / Director**
 STREET ADDRESS **Carlyne Blair**
 CITY-ST-ZIP **2690 Ida way West Palm Beach, FL 33415**

TITLE Delete
 NAME **DS**
 STREET ADDRESS **DETRICK, FELICIA**
 CITY-ST-ZIP **2255 IDA WAY LAKE WORTH FL**

TITLE Change Addition
 NAME **Treasurer / Director**
 STREET ADDRESS **Bon Pierce**
 CITY-ST-ZIP **2620 Ida way West Palm Beach, FL 33415**

TITLE Delete
 NAME **DP**
 STREET ADDRESS **GILLETTE, MARY**
 CITY-ST-ZIP **Q261 IDA WAY WEST PALM BEACH FL 33415**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD**
 STREET ADDRESS **HARAN, MARYANN**
 CITY-ST-ZIP **2662 IDA WAY W PALM BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD President / Director**
 STREET ADDRESS **DOUGHERTY, CRAIG**
 CITY-ST-ZIP **448 GLENBROOKS DRIVE ATLANTIS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/11/02** Daytime Phone #: **54-433-820a**

CR2E037 (9/01)