


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-13-2006 90294 004 ****61.25

DOCUMENT # 749779

1. Entity Name
SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**ASSOCIATED PROPERTY MGMT
 1928 LAKE WORTH RD
 LAKE WORTH, FL 33461**

Mailing Address
**ASSOCIATED PROPERTY MGMT
 1928 LAKE WORTH RD
 LAKE WORTH, FL 33461**



2. Principal Place of Business
Property Management Resources

3. Mailing Address
Sierra Woods Condo

Suite, Apt. #, etc.
4000 S. 57th Ave #101

Suite, Apt. #, etc.
P.O. Box 5509

03312006 Chg-NP CR2E037 (11/05)

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

Zip
33463

Country
FLORIDA

Zip
33466

Country
FLORIDA

4. FEI Number
59-2067524

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
 1928 LAKE WORTH RD
 LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent

Name *Property Management Resources*

Street Address (P.O. Box Number is Not Acceptable)
4000 S. 57th Ave.

Suite 101

City *Lake Worth, FL* Zip Code *33403*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jerry Fearow* **JERRY FEAROW** **3/31/06**

(NOTE: Registered Agent signature required when re-registering)

Filing Fee is **\$61.25**
 Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGHERTY, CRAIG 448 GLENBROOK DR ATLANTIS, FL 33462 <input checked="" type="checkbox"/> Delete	TITLE Pres NAME STREET ADDRESS CITY-ST-ZIP	<i>Denise Saturday</i> <i>2691 Ida Way</i> <i>WPB, FL 33415</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAIR, CARLYNE 2690 IDA WAY #138 WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE Treas NAME STREET ADDRESS CITY-ST-ZIP	<i>Gino Detrick</i> <i>2255 Ida Way</i> <i>WPB, FL 33415</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARAN, MARY ANN 2662 IDA WAY #11B WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Richard Ortiz</i> <i>Ida Way</i> <i>WPB FL 33415</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SATURDAY, DENISE 2691 IDA WAY, # 22B WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DETRICK, FELICIA 2255 IDA WAY, # 32 A WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Denise Saturday* **3/31/06** **521-969-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR