


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90007 025 \*\*\*\*61.25

**DOCUMENT # 749779**

1. Entity Name  
**SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**PROPERTY MANAGEMENT RESOURCES**  
**4000 S 57TH AVE, STE 101**  
**LAKE WORTH, FL 33463**

Mailing Address  
**P.O. BOX 5509**  
**LAKE WORTH, FL 33466**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**4000 S, 57th Ave**

Suite, Apt. #, etc.  
**101**

City & State  
**LAKE WORTH FL**

Zip  
**33463**

Country  
**FLORIDA**

4. FEI Number  
**59-2067524**

Applied For  
 Not Applicable

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

07122007 Chg-NP CR2E037 (12/06)

**6. Name and Address of Current Registered Agent**

**PROPERTY MANAGEMENT RESOURCES**  
**4000 S 57TH AVE**  
**STE 101**  
**LAKE WORTH, FL 33463**

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

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAIR, CARLYNE 2690 IDA WAY #138 WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DERRICK, GINO 2255 IDA WAY WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SATURDAY, DENISE 2691 IDA WAY, # 22B WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete
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	D ORTIZ, RICHARD IDA WAY WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alisa Vargo 2663 Ida way WPB FL 33415 (Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Director)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martha Gcero (Director) 2719 Ida way #20B WPB FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maria Olimpia Estrada 2731 Ida way 19A WPB FL 33415 (Treasurer)	<input type="checkbox"/> Change <input checked="" 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: *Richard Ortiz* Vice President 7/18/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #