


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90023 038 \*\*\*\*61.25

<b>DOCUMENT # 749779</b>					
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 4000 S 57TH AVE, STE 101 LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2067524	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PROPERTY MANAGEMENT RESOURCES 4000 S 57TH AVE STE 101 LAKE WORTH, FL 33463				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VARGO, ALISA A <i>Director</i>		NAME	<i>Director</i>	
STREET ADDRESS	2663 IDA WAY #24B		STREET ADDRESS	2663 Ida Way W.P.B. Fla 33415	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	2663 Ida Way W.P.B. Fla 33415	
TITLE	D <i>etrick (Secretary)</i>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DERRICK, GINO		NAME	<i>Secretary</i>	
STREET ADDRESS	2255 IDA WAY		STREET ADDRESS	<i>Gino Detrick</i>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	<i>W.P.B. Ida Way 33415</i>	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACERO, MARTHA		NAME		
STREET ADDRESS	2719 IDA WAY #20B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	V <i>President</i>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DETRICK, FELICIA		NAME	<i>President</i>	
STREET ADDRESS	2255 IDA WAY, # 32 A		STREET ADDRESS	<i>Felicia Detrick</i>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	<i>2255 Ida Way W.P.B. Fla 33415</i>	
TITLE	PD <i>VP President</i>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORTIZ, RICHARD		NAME	<i>Vice President</i>	
STREET ADDRESS	IDA WAY		STREET ADDRESS	<i>2719 Ida Way</i>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	<i>W.P.B. Florida 33415</i>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ESTRADA, MARIA O		NAME	<i>Chris Castro</i>	
STREET ADDRESS	2731 IDA WAY 19A		STREET ADDRESS	<i>Treasurer</i>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	<i>2691 Ida Way W.P.B. Fla 33415</i>	
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: <i>Alisa Vargo President 1/26/08</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01112008 Chg-NP CR2E037 (12/06)