

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90182 026 \*\*\*\*61.25

**DOCUMENT # 749779**

1. Entity Name

**SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.**



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 33460-2530



2. Principal Place of Business

*ASSOCIATED PROPERTY MGMT*

Suite, Apt. #, etc.  
*1928 LAKE WORTH RD*

City & State  
*LAKE WORTH, FL*

Zip  
*33461*

3. Mailing Address

*ASSOCIATED PROPERTY MGMT*

Suite, Apt. #, etc.  
*1928 LAKE WORTH RD.*

City & State  
*LAKE WORTH FL*

Zip  
*33461*

CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

Name *ASSOCIATED PROPERTY MANAGEMENT*  
Street Address (P.O. Box Number is Not Acceptable)  
*1928 LAKE WORTH RD.*  
City *LAKE WORTH* FL Zip Code *33461*

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

*Agent 4/2/03*

**FILE NOW: FEE IS \$61.25**

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	DS TANFIELD, DOROTHY 2273 IDA WAY WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALIR, CARLYNE 2690 IDA WAY WEST PALM BEACH FL 33405	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARAN, MARYANN 2662 IDA WAY W PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOUGHERTY, CRAIG 448 GLENBROOKS DRIVE ATLANTIS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PIERCE, BEN 2620 IDA WAY WEST PALM BEACH FL 33415	<input checked="" 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	PD DOUGHERTY, CRAIG 448 GLENBROOK DR. ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAIR, CARLYNE 2690 IDA WAY #13B WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARAN, MARYANN 2662 IDA WAY #11B WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANFIELD, DOROTHY 2273 IDA WAY WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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*

*561-433-8209*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037 (10/02)