

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004521 (1)**

1. Corporation Name  
**SIERRA RIDGE CONDOMINIUM C ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**80 SW 8TH STREET SUITE 2800 MIAMI FL 33130**

3. Date Incorporated or Qualified **10/06/1993** 3a. Date of Last Report **03/24/1995**

2. Principal Place of Business 2a. Mailing Address  
**21 THE CONTINENTAL GROUP 26 THE CONTINENTAL GROUP**

4. FEI Number **65-0485206** Applied For Not Applicable

22 Suite, Apt. #, etc. **20815 N.E. 16 AVE, B-14** 27 Suite, Apt. #, etc. **20815 N.E. 16 AVE., B-14**

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

23 City & State **N. MIAMI BEACH, FL** 28 City & State **NORTH MIAMI BEACH, FL**

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

24 Zip **33179** 25 Country **DADE** 29 Zip **33179** 30 Country **DADE**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WENZEL INVESTMENT COMPANY  
80 SW 8TH STREET SUITE 2800 MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81 Name **Dennis Eisinger**  
82 Street Address (P.O. Box Number is Not Acceptable) **4000 Hollywood Blvd.**  
83 **Suite 265 South**  
84 City **Hollywood** FL 85 Zip Code **33021**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/15/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WENZEL, PETER	
STREET ADDRESS	80 SW 8TH STREET, SUITE 2800	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MACHADO, MARCOS A	
STREET ADDRESS	80 SW 8TH STREET, SUITE 2800	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FERRAZ, EDUARDO A	
STREET ADDRESS	80 SW 8TH STREET, SUITE 2800	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARCIA P. WRIGHT	
13 STREET ADDRESS	960 N.E. 214 LANE, UNIT 1	
14 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JOSE E. CORCO	
23 STREET ADDRESS	960 N.E. 214 LANE, UNIT 1	
24 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
31 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CHERYL RANDALL	
33 STREET ADDRESS	960 N.E. 214 LANE, UNIT 3	
34 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	100001852541	
53 STREET ADDRESS	-06/05/96--01104--040	
54 CITY-ST-ZIP	***61.25	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (12/95)