


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

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004521 (1)**  
 1. Corporation Name  
**SIERRA RIDGE CONDOMINIUM C ASSOCIATION, INC.**



Principal Place of Business <b>THE CONTINENTAL GROUP 20815 NE 16 AVE B-14 N. MIAMI BCH. FL 33179</b>	Mailing Address <b>THE CONTINENTAL GROUP 20815 NE 16 AVE B-14 N. MIAMI BCH. FL 33179</b>
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3. Date Incorporated or Qualified <b>10/06/1993</b>		
4. FEI Number <b>65-0485206</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**EISINGER, DENNIS  
4000 HOLLYWOOD BLVD.  
STE 285 SOUTH  
HOLLYWOOD FL 33021**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>WRIGHT, MARCIA P</b>	1.1 TITLE <b>STD</b>	1.2 NAME <b>Hanson, M. Jerdine</b>
STREET ADDRESS <b>960 N.E. 214 LANE UNIT 1</b>	CITY-ST-ZIP <b>N. MIAMI BCH. FL 33179</b>	1.3 STREET ADDRESS <b>950 NE 214 Lane, Unit 2</b>	1.4 CITY-ST-ZIP <b>N, Miami Bch, FL 33179</b>
TITLE <b>VD</b>	NAME <b>CORCO, JOSE E</b>	2.1 TITLE	2.2 NAME
STREET ADDRESS <b>960 N.E. 214 LANE UNIT 1</b>	CITY-ST-ZIP <b>N. MIAMI BCH. FL 33179</b>	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <b>STD</b>	NAME <b>RANDALL, CHERYL</b>	3.1 TITLE	3.2 NAME
STREET ADDRESS <b>960 N.E. 214 LANE UNIT 3</b>	CITY-ST-ZIP <b>N. MIAMI BCH. FL 33179</b>	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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: \_\_\_\_\_

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CP2E037 (10/97)