

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # N9300004521

1. Corporation Name

SIERRA RIDGE CONDOMINIUM C ASSOCIATION, INC.

| Principal Place of Business |
|-----------------------------|
| THE CONTINENTAL GROUP       |
| 20815 NE 16 AVE B-14        |
| N. MIAMI BCH, FL 33179      |

Mailing Address

THE CONTINENTAL GROUP 20815 NE 16 AVE. B-14 N. MIAMI BCH. FL 33179

## FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90151 029 \*\*\*\*61.25



| 2. Principal Pl   | Place of Business 2a. Mailing Address                |                              |               |   | 3. Date Incorporated or Qualifed            |                            |                 |            |  |
|---|--|------------------------------|---------------|---|---|----------------------------|-----------------|------------|--|
| 11  | 26   |                              |               |   | 10/06/1993                                  | ·                          | <del></del>     |            |  |
| Suite, Apt.   | , Apt. #, etc. Suite, Apt. #, etc.                   |                              |               |   | 4. FEI Number<br>65-0485206                 | Applied For Not Applicable |                 |            |  |
|   | City & State City & State                            |                              |               |   |   |                            | \$8.75 A        | dditional  |  |
| 28  |  |                              |               |   | 5. Certifcate of St                         | tatus Desired              | Fee Rec         | quired     |  |
| Zip   | Country Zip Coun                                     |                              |               | у   | 6. Election Campaign Financing S5.00 May Be |                            |                 |            |  |
| 4   | 25 29 30   |                              |               | -   | Trust Fund Contribution Added to Fees       |                            |                 |            |  |
| 9. Name and Address of Current Registered Agent   |  |                              |               | 10. Name and Address of New Registered Agent          |   |                            |                 |            |  |
|   |  |                              | 8             | Name  |   |                            |                 |            |  |
| CIGINOCTO DENNIC  |  |                              |               | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                            |                 |            |  |
| EISINGER, DENNIS  |  |                              |               | 82 Street Address (P.O. Box Number is Not Acceptable) |   |                            |                 |            |  |
| 4000 HOLLYWOOD BLVD.  |  |                              |               | 83  |   |                            |                 |            |  |
| SIE 265 SOUTH   |  |                              |               |   |   |                            |                 |            |  |
| HOLLYWOOD FL 33021  |  |                              |               | 4 City  |   | ` F                        | 85 Zip C        | ode        |  |
| 44 5  | 4 th   | and 617 1509. Elegida Statut | toe the abov  | ve-named co   | progration submits this st                  | tatement for the numose of | of changing its | registered |  |
| 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   |  |                              |               |   |   | DATE                       |                 |            |  |
|   | Signature, typed or printed name of registered agent |                              | Registered Ap | ent signature requ                                    | eired when reinstating) ADDITIONS/CH        | ANGES TO OFFICERS A        | ND DIRECTO      | RS IN 12   |  |
| 12.   | OFFICERS ANI   | DELETE                       | 1.1,TITLE     |   |   |                            | Change          | Addition   |  |
| TITLE .   | PD   |                              |               | ſ   |   | •                          |                 |            |  |
| NAME ·  | WRIGHT, MARCIA P                                     |                              | 1.2 NAME      | 1   |   | •                          |                 | `          |  |
| STREET ADDRESS  | 960 N.E. 214 LANE UNIT 1                             |                              |               | ET ADDRESS  |   |                            | -               |            |  |
| CITY-ST-ZIP   | N. MIAMI BCH. FL 33179                               | Flactor :                    | 1,4 CITY-     |   | <del></del>                                 |                            | ☐ Change        | . Addition |  |
| TITLE   | VD   | ☐ DELETE                     | 2.1 πτ.E      |   |   |                            |                 |            |  |
| NAME  | CORCO, JOSE E  |                              | 2.2 NAME      |   |   | •                          | •               |            |  |
| STREET ADDRESS  | 500 T.C. 217 Ball 5                                  |                              |               | ET ADDRESS  |   | \$~L-5                     |                 |            |  |
| CITY-ST-ZIP   | N. MIAMI BCH. FL 33179                               |                              | 2. 4 CITY     |   |   |                            |                 | Addition   |  |
| TITLE   | STD  | ☐ DELETE                     | 3.1 TITLE     |   |   |                            | ☐ Change        | ☐ Addition |  |
| NAME  | HANSON, JERDINE M                                    |                              | 3.2 NAME      |   |   |                            |                 |            |  |
| STREET ADDRESS  | 950 NE 214 LANE, UNIT 2                              |                              | 3.3 STRE      | ET ADDRESS  |   |                            |                 |            |  |
| CITY-ST-ZIP   | N MIAMI BEACH FL 33179                               |                              | 3.4. CITY     | -ST-ZIP   |   |                            |                 |            |  |
| TITLE   |  | ☐ DELETE                     | 4.1 TITLE     |   |   |                            | Change          | ☐ Addition |  |
| NAME  |  |                              | 4. 2 NAM      | E   |   | •                          |                 |            |  |
| STREET ADDRESS  | •  |                              | 4.3 STRE      | ET ADDRESS  |   | •                          |                 |            |  |
| CITY-\$T-ZIP  | •  |                              | 4.4 CITY-     | ST-ZIP  |   |                            | <u> </u>        |            |  |
| TITLE   |  | ☐ DELETE                     | 5.1 TITLE     |   |   | •                          | Change          | ☐ Addition |  |
| NAME  |  |                              | 5.2 NAME      | !   |   |                            |                 |            |  |
| STREET ADDRESS  |  |                              | 5.3 STRE      | ET ADDRESS  |   | •                          |                 |            |  |
| CITY-ST-ZIP   |  |                              | 5.4 CITY-     | ST-ZIP  |   |                            |                 |            |  |
| TITLE   |  | ☐ DELETE                     | 6.1 TITLE     |   |   |                            | ☐ Change        | ☐ Addition |  |
| NAME  |  |                              | 6.2 NAME      |   |   | ,                          |                 |            |  |
| STREET ADDRESS  |  |                              | 6.3 STRE      | ET ADORESS  |   |                            |                 |            |  |
| CITY-ST-7P  |  |                              | 6.4 CITY-     | ST-ZIP  | •   |                            |                 | į          |  |
| GILL-SI-CH  |  |                              |               |   |   |                            |                 |            |  |

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, with all other like impowered.