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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 06, 2005 08:00 AM Secretary of State

Country	DOCUMENT # N93000004521 1. Entity Name SIERRA RIDGE CONDOMINIUM C ASSOCIATION, INC.					Secretary of State				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Co	THE CONTINENTAL GROUP THE 2950 N. 28TH TERRACE 295		THE CONTINENTA 2950 N. 28TH TE	HE CONTINENTAL GROUP 950 N. 28TH TERRACE						
City & State Country Country Country Country Country Country Country Country Country S. Certificate of Status Desired Sea Required For Required	2. Principal Place of Business 3. N		3. Mailing Address	Mailing Address						
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			ng-NP	CR2E037 (10/03)		
Country	City & State		City & State			6	 	pplied For at Applicable		
KATZMAN & KORR PA 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309 6. 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 achieve obligations of registered agent FIL ZO Code City FL ZO Code City FL ZO Code Signature, typeo or privide harm of registered agent and title 4 applicable. (MOTE Registered Agent agent and title 4 applicable.) FILING PER IS \$61.25 Due by May 1, 2005 Trust Fund Contribution. So, 00 May Be Added to Fees FIGINATURE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE HANSON, JERDINE SIRELT ADDRESS GITY-ST-ZP MIAMI, FL 33179 TITLE VO MAME VALDES, JUSTINA SIRELT ADDRESS GITY-ST-ZP MIAMI, FL 33179 TITLE VO ROSARIO, REINA SIRELT ADDRESS GITY-ST-ZP MIAMI, FL 33179 TITLE VO ROSARIO, REINA SIRELT ADDRESS GITY-ST-ZP MIAMI, FL 33179 TITLE Debte ITILE MAME MAME NAME VALDES, JUSTINA SIRELT ADDRESS GITY-ST-ZP MIAMI, FL 33179 TITLE MAMI, FL 33179 TITLE Debte	Zip .	Country	Zip Cou		untry	_ 5. Certificate of St	atus Desired	□ \$8.75 Add	litional	
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	,		7. Name and Add	ress of New Reg	The state of the s		
### City FL Zip Code ### City State Agent signature required agent, or both, in the State of Florida. I am familiar with, and accompanies ### City State Agent signature required agent, or both, in the State of Florida. I am familiar with, and accompanies ### City State Agent signature required agent, or both, in the State of Florida. I am familiar with, and accompanies ### City State Agent signature required agent, or both, in the State of Florida. I am familiar with, and accompanies ### City State Agent signature required agent, or both, in the State of Florida. I am familiar with, and accompanies ### City State Agent signature required agent, or both, in the State of Florida. I am familiar with, and accompanies ### City State Agent signature required agent, or both, in the State of Florida. I am familiar with, and accompanies ### City State Agent signature required agent, or both, in the State of Florida. I am familiar with, and accompanies ### City State Agent signature required agent and tity in agent signature required agent and election ### City State Agent signature required agent and election Agent signature required agent and election ### City State Agent signature required agent and election Agent signature required agent and election ### City State Agent signature required agent and election Agent signature required agent and election ### City State Agent signature required agent and election Agent signature required agent and ele	1501 NW 49TH STREET									
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 act the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. INOTE Registered Agent signature required when reinstoling) DATE Filling Fee is \$51.25 Due by May 1, 2005 9. Election Campalign Financing Trust Fund Contribution. Added to Fees Priorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILLE HANSON, JERDINE SIRELT ADDRESS CITY-ST-2P MIAMME SIRELT ADDRESS OTH ST-2P MIAMME VALDES, JUSTINA SIRELT ADDRESS OTH ST-2P MIAMM, FL 33179 Delete TILLE NAME ROSARIO, REINA SIRELT ADDRESS SIRELT ADDRESS OTH ST-2P MIAMM, FL 33179 Delete TILLE NAME ROSARIO, REINA SIRELT ADDRESS OTH ST-2P MIAMM, FL 33179 Delete TILLE NAME SIRELT ADDRESS SIRELT ADDRESS OTH ST-2P MIAMM, FL 33179 Delete TILLE NAME SIRELT ADDRESS SIRELT ADDRESS OTH ST-2P MIAMM, FL 33179 TILLE Delete Dele									· · · · · · · · · · · · · · · · · · ·	
Signature Sign				City			•	FL Zip Code	9	
Due by May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State	the obligations of registered agent. SIGNATURE									
TITLE						\$5.00 May Be Added to Fees		• •		
NAME STREET ADDRESS	10.		RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10	
NAME STREET ADDRESS 930 NE 214 LANE #4 STREET ADDRESS OTY-ST-ZIP MIAMI, FL 33179 Change Administration Admi	NAME STREET ADDRESS	HANSON, JERDINE 950 NE 214 LANE #2	□ Delete	NAM STRE	E Et address			☐ Change	Addition Addition	
NAME STREET ADDRESS OFFICE OFFI	NAME STREET ADDRESS	VALDES, JUSTINA 930 NE 214 LANE #4	☐ Delete	NAM Stre	E ET ADDRESS			☐ Change	☐ Addition	
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THE Delete THE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 direct	NAME STREET ADDRESS CITY-ST-ZIP			NAM Stre City	E ET ADDRESS -ST-ZIP			•	☐ Addition	

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: