

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


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90209 005 ****61.25

0019012

DOCUMENT # N93000004521

1. Entity Name
SIERRA RIDGE CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business
**THE CONTINENTAL GROUP
2950 N. 28TH TERRACE
HOLLYWOOD FL 33020**

Mailing Address
**THE CONTINENTAL GROUP
2950 N. 28TH TERRACE
HOLLYWOOD FL 33020**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0485206**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STANTON, RICHARD
80 S.W. 8TH STREET
SUITE 2804
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name
STANTON, RICHARD

Street Address (P.O. Box Number is Not Acceptable)
TWO ALHAMBRA PLAZA, SUITE 508

City
CORAL GABLES FL Zip Code
33134

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD WRIGHT, MARCIA P 960 N.E. 214 LANE UNIT 2 MIAMI FL 33179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, JUSTINA 930 NE 214 LANE #4 MIAMI FL 33179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANSON, JERDINE M 950 NE 214 LANE, #2 MIAMI FL 33179 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSARIO, REINA 950 NE 214 LN. #3 MIAMI FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 HANSON, JERDINE 950 NE 214 LANE #2 NORTH MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VALDES, JUSTINA 930 NE 214 LANE #4 NORTH MIAMI BEACH, FL 33179 <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
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: *Jerdine M. Hanson* **04/19/03**

CR2E037 (10/02)