

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000003072 (3)
1. Corporation Name
SIERRA RIDGE CONDOMINIUM G ASSOCIATION, INC.



Principal Place of Business Mailing Address
80 S.W. 8TH ST. SUITE 2800 MIAMI FL 33130
80 S.W. 8TH ST. SUITE 2800 MIAMI FL 33130

3. Date Incorporated or Qualified
06/10/1996

4. FEI Number
65-0674821

Applied For
Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 25. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip. Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent
WENZEL INVESTMENT COMPANY
80 S.W. 8TH ST.
SUITE 2800
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City FL 85. 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	
TITLE	PD WENZEL, PETER	1.1 TITLE	PD Russ W. Dave
NAME	80 S.W. 8TH ST., STE. 2800	1.2 NAME	800 NE 212 Terrace, Unit 7
STREET ADDRESS	MIAMI FL 33130	1.3 STREET ADDRESS	N. Miami Beach, FL 33179
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD MACHADO, MARCOS A	2.1 TITLE	VD Cesar, Marlene
NAME	2801 PONCE DE LEON BLVD., #850	2.2 NAME	800 NE 212th Terrace, Unit 2
STREET ADDRESS	CORAL GABLES FL 33134	2.3 STREET ADDRESS	N. Miami Beach, FL 33179
CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	STD FERRAZ, EDUARDO A	3.1 TITLE	STD Stanley E. Ruth
NAME	80 S.W. 8TH ST., STE. 2800	3.2 NAME	21300 NE 8th Ct., Unit 4
STREET ADDRESS	MIAMI FL 33130	3.3 STREET ADDRESS	N. Miami Beach, FL 33179
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: David Russ 4/15/98
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone # 0026629

CR2E037 (10/97)