


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90002 015 ****61.25


DOCUMENT # N96000003072

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



Principal Place of Business 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020	Mailing Address 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020
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DO NOT WRITE IN THIS SPACE



07172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0674821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZMAN GARFINKEL, P.A.
 1501 N.W. 49TH ST.
 SUITE 202
 FT. LAUDERDALE, FL 33309

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

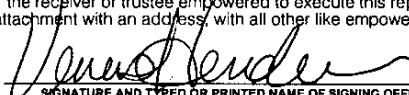
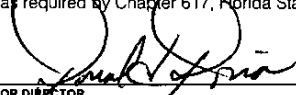
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, VENUS 800 NE 8TH COURT #2 N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORIA, DONALD 21300 NE 8TH COURT #7 N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____