

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90294 004 \*\*\*\*61.25

<b>DOCUMENT # 749779</b> 1. Entity Name <b>SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.</b>																																																																																																														
Principal Place of Business <b>ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461</b>			Mailing Address <b>ASSOCIATED PROPERTY MGMT 1928 LAKE WORTH RD LAKE WORTH, FL 33461</b>																																																																																																											
2. Principal Place of Business <i>Property Management Resources</i> Suite, Apt. #, etc. <b>4000 S. 57th Ave #101</b>		3. Mailing Address <i>Sierra Woods Condo</i> Suite, Apt. #, etc. <b>P.O. Box 5509</b>																																																																																																												
City & State <b>LAKE WORTH FL</b>		City & State <b>LAKE WORTH FL</b>		4. FEI Number <b>59-2067524</b>																																																																																																										
Zip <b>33463</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																										
6. Name and Address of Current Registered Agent <b>ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461</b>				7. Name and Address of New Registered Agent Name <b>Property Management Resources</b> Street Address (P.O. Box Number is Not Acceptable) <b>4000 S. 57th Ave.</b> Suite <b>101</b> City <b>LAKE WORTH, FL</b> Zip Code <b>33403</b>																																																																																																										
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		<b>JERRY FEAROW</b> <small>(NOTE: Registered Agent signature required when rechartering)</small>		<b>3/31/06</b> <small>DATE</small>																																																																																																										
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD DOUGHERTY, CRAIG</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">448 GLENBROOK DR</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ATLANTIS, FL 33462</td> </tr> <tr> <td>TITLE</td> <td>VPD BLAIR, CARLYNE</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2690 IDA WAY #138</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEST PALM BEACH, FL 33415</td> </tr> <tr> <td>TITLE</td> <td>TD HARAN, MARY ANN</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2662 IDA WAY #11B</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEST PALM BEACH, FL 33415</td> </tr> <tr> <td>TITLE</td> <td><del>PD</del> SATURDAY, DENISE</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2691 IDA WAY, # 22B</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEST PALM BEACH, FL 33415</td> </tr> <tr> <td>TITLE</td> <td>SD DETRICK, FELICIA</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2255 IDA WAY, # 32 A</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">WEST PALM BEACH, FL 33415</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">Pres Denise Saturday</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">2691 Ida Way</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">WPB, FL 33415</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>Treas Gino Detrick</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">2255 Ida Way</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">WPB, FL 33415</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>Richard Ortiz</td> <td style="text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">Ida Way</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">WPB FL 33415</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD DOUGHERTY, CRAIG	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	448 GLENBROOK DR		CITY-ST-ZIP	ATLANTIS, FL 33462		TITLE	VPD BLAIR, CARLYNE	<input type="checkbox"/> Delete	STREET ADDRESS	2690 IDA WAY #138		CITY-ST-ZIP	WEST PALM BEACH, FL 33415		TITLE	TD HARAN, MARY ANN	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	2662 IDA WAY #11B		CITY-ST-ZIP	WEST PALM BEACH, FL 33415		TITLE	<del>PD</del> SATURDAY, DENISE	<input type="checkbox"/> Delete	STREET ADDRESS	2691 IDA WAY, # 22B		CITY-ST-ZIP	WEST PALM BEACH, FL 33415		TITLE	SD DETRICK, FELICIA	<input type="checkbox"/> Delete	STREET ADDRESS	2255 IDA WAY, # 32 A		CITY-ST-ZIP	WEST PALM BEACH, FL 33415		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	Pres Denise Saturday	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	2691 Ida Way		STREET ADDRESS	WPB, FL 33415		CITY-ST-ZIP			TITLE	Treas Gino Detrick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	2255 Ida Way		STREET ADDRESS	WPB, FL 33415		CITY-ST-ZIP			TITLE	Richard Ortiz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Ida Way		STREET ADDRESS	WPB FL 33415		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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:		<b>3/31/06 561-969-2700</b> <small>Date Cayman Phone #</small>																																																																																																												