


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90007 025 ****61.25

DOCUMENT # 749779 1. Entity Name SIERRA WOODS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PROPERTY MANAGEMENT RESOURCES 4000 S 57TH AVE, STE 101 LAKE WORTH, FL 33463			Mailing Address P.O. BOX 5509 LAKE WORTH, FL 33466		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address 4000 S. 57th Ave Suite, Apt. #, etc. 101 City & State LAKE WORTH FL Zip 33463			
Country FL		4. FEI Number 59-2067524 Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT RESOURCES 4000 S 57TH AVE STE 101 LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLAIR, CARLYNE <input checked="" type="checkbox"/> Delete 2690 IDA WAY #138 WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arisa Vargo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2663 Ida way WPB FL 33415 (Secretary)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DERRICK, GINO <input type="checkbox"/> Delete 2255 IDA WAY WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Director) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SATURDAY, DENISE <input checked="" type="checkbox"/> Delete 2691 IDA WAY, # 22B WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martha Gcero <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (Director) 2719 Ida way #203 WPB FL 33415	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DETRICK, FELICIA <input type="checkbox"/> Delete 2255 IDA WAY, # 32 A WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, RICHARD <input type="checkbox"/> Delete IDA WAY WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	maria olimpia Estrada <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2731 Ida way 19A WPB FL 33415 (Treasurer)	
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: <i>Blanca Detrick</i>			Vice President 7/18/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		