

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000007984

1. Entity Name  
SIERRA RANCH HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
4788 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319

Mailing Address  
4788 W. COMMERCIAL BLVD.  
TAMARAC, FL 33319



01062004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1095029

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHACK, EDWARD J  
23164 SANDLEFOOT PLAZA DR  
BOCA RATON, FL 33428

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SCHACK, MICHAEL  
STREET ADDRESS 4788 W. COMMERCIAL BLVD.  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE D  
NAME DELFINO, ALEJANDRO  
STREET ADDRESS 4788 W. COMMERCIAL BLVD.  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE D  
NAME LOPEZ, CARLOS  
STREET ADDRESS 4788 W. COMMERCIAL BLVD.  
CITY-ST-ZIP TAMARAC, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

U00000082006  
03/09/04-80009-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

3/ 4/04 554.484.4800