

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 13, 2005 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



01032005 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

STREIT, THOMAS E
222 LAKEVIEW AVENUE
SUITE 400
WEST PALM BEACH, FL 33401

**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 reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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
D
SCHACK, MICHAEL
4788 W. COMMERCIAL BLVD.
TAMARAC, FL 33319

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

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

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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01/13/05-80023-006 70.00

**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

Daytime Phone #

1/10/05 954.484.4800