2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02299

FILED Apr 15, 2009 Secretary of State

Entity Name: SIERRA RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

urrent P	Principal Place	of Business:	New Principal Plac	e of Business:
	8 TERRACE OOD, FL 33020	US		
Current Mailing Address:		New Mailing Address:		
	8 TERRACE OOD, FL 33020	US		
El Number	: 59-2538604	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
581 W O	OFFICES OF KANALAND PARK HILL, FL 33313	ATZMANT KORR BLVD 2ND FL US		
	e named entity รเ e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
the Stat	e of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
the Stat	e of Florida. * RE:	ubmits this statement for the p		red office or registered agent, or both, Date
the Stat	e of Florida. * RE:	c Signature of Registered Age	ent	
the Stat	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Age C ORS: Delete	ent	Date
the State IGNATU FFICER tle: ame: ddress:	e of Florida. RE: Electronic S AND DIRECT PD () I MILLS, MARILYN 21235 NE 9TH C NMB, FL 33179	C Signature of Registered Age CORS: Delete N T #2 Delete Delete USTIAN N #3	ent ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR
the State GNATU FFICER ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida. RE: Electronic S AND DIRECT PD () I MILLS, MARILYN 21235 NE 9TH C NMB, FL 33179 TD () I CAVIERES, CHR 808 NE 214TH LI MIAMI, FL 33175	C Signature of Registered Age ORS: Delete N T #2 Delete PISTIAN N #3 9 Delete ANK E #4	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTOR () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYM MILLS PD 04/15/2009