

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006916

FILED
Apr 26, 2009
Secretary of State

Entity Name: SIERRA WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7120 OX BOW CIRCLE
TALLAHASSEE, FL 32312

New Principal Place of Business:

3646 OCLEON DR
TALLAHASSEE, FL 32312

Current Mailing Address:

7120 OX BOW CIRCLE
TALLAHASSEE, FL 32312

New Mailing Address:

3646 OCLEON DR
TALLAHASSEE, FL 32312

FEI Number: 20-0403635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, ROBERT A III
7120 OX BOW CIRCLE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

CAMPBELL, PARKER S
3646 OCLEON DR
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: PARKER S. CAMPBELL

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: CAMPBELL, ROBERT A III
Address: 7120 OX BOW CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP () Delete
Name: CAMPBELL, PARKER S
Address: 3219 INDEPENDENCE CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: DV () Delete
Name: CAMPBELL, ROBERT A JR
Address: 7403 OX BOW CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: CAMPBELL, ROBERT A III
Address: 1808 BITTER ROOT TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: DP (X) Change () Addition
Name: CAMPBELL, PARKER S
Address: 3646 OCLEON DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PARKER S. CAMPBELL

DP

04/26/2009

Electronic Signature of Signing Officer or Director

Date