2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N14878

1. Entity Name
SIERRA RIDGE CONDOMINIUM "B" ASSOCIATION, INC.

Principal Place of Business
P O BOX 693278
MIAMI, FL 33269-7278

Mailing Address
P O BOX 693278
MIAMI, FL 33269-7278

01182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EISINGER, DENNIS J ESQ
4000 HOLLYWOOD BLVD
SUITE 265-S
HOLLYWOOD, FL 33021

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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	WALTERS, DEALLIA
STREET ADDRESS	21343 N.E 8TH COURT., #4
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	VP
NAME	ARON, ADRIENNE
STREET ADDRESS	21340 NORTHEAST 8 COURT #4
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	CALDERON, LESLY
STREET ADDRESS	875 NE 213 TERR. #1
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	D
NAME	CURETON, LOVE
STREET ADDRESS	21350 N.E. 8TH COURT., #2
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-30012-003 61.25

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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: Deallia Walters, President 1/18/06 305-949-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #