2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # N14878 1. Entity Name SIERRA RIDGE CONDOMINIUM "B" ASSOCIATION, INC.							04-27-2007	90219 0)21 ****61	1.25
Principal Place of Business Mailing Addi P 0 BOX 693278 P 0 BOX 6 MIAMI, FL 33269-7278 MIAMI, FL						1 188 1118 188	FOIL OLD DE 1010 10701 11		IZII BIBIK BIZII ĜIBI	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number NOT API	PLICABLE		No	plied For t Applicable	
Zip Country		<u> </u>	Zip Cou		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
EISINGER, DENNIS J ESQ 4000 HOLLYWOOD BLVD SUITE 265-S					Street Address (P.O. Box Number is Not Acceptable)					
(No change)					City FL Zip Code					
	named entiti ions of regis	y submits this statement fo	r the purpose of changing	ng its register	ed office or reg	gistered agent, or both	n, in the State of F	lorida. I an	familiar with,	and accept
SIGNATURE .	Slocature Incom		and the damplingha		<u> </u>					
	Signature, typec	d or printed name of registered agent	and the il applicable.	(NOTE: Registere	ed Agent signature re	equired when reinstating)		DATE		
	Filing Fe	ee is \$61.25 May 1, 2007	9. Electio	n Campaign F und Contribut	Financing	\$5.00 May Be Added to Fees		Viake chec	ck payable to	
10.	Filing Fe	e is \$61.25	9. Electio Trust F	n Campaign F und Contribut	Financing tion.	\$5.00 May Be Added to Fees ADDITIONS/CHA	FIG NGES TO OFFIC	Make chec orida Depa ERS AND D	IRECTORS IN	tate
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10. TITLE NAME STREET ADDRESS	PT WALTER 21343 MMAMI, FI	OFFICERS AND DIE S. DEALLIA E STH COURT., #4 L 33179 DRIENNE DRTHEAST 8 COURT #	9. Election Trust F	n Campaign Fund Contribut 11. IIIL NAM SIR CIT IIIL NAM STR	Financing tion.	\$5.00 May Be Added to Fees ADDITIONS/CHA KOW, AD 2(340.NE MIJMI, F	FIGURES TO OFFICE RIENNE SULT C-33/	Make checorida Depa ERS AND D	IRECTORS IN	tate
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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 DA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 331-8552