
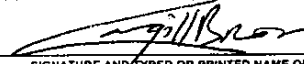


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-27-2007 90219 021 ****61.25

| | | | |
|--|--|---|---|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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 HOLLYWOOD, FL 33021 <i>(No change)</i> | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT WALTERS, DEALLIA 21343 NE 8TH COURT., #4 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT ARON, ADRIENNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21340 NE 8 Ct #1 MIAMI, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ARON, ADRIENNE <input type="checkbox"/> Delete 21340 NORTHEAST 8 COURT #4 MIAMI, FL 33179 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CALDERON, LESLY 875 NE 213 TERR. #1 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Brown, P. Cargill <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 21386 NE 8 Place #1 MIAMI, FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURETON, LOVE 21350 N.E. 8TH COURT., #2 MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Cargill St. P. Brown 3/27/2007 (305) 331-8652 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |