

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002369 (6)**

1. Corporation Name

SIERRA RIDGE CONDOMINIUM D ASSOCIATION, INC.



Principal Place of Business	Mailing Address
80 S.W. 8TH ST. SUITE 2800 MIAMI FL 33130	80 S.W. 8TH ST. SUITE 2800 MIAMI FL 33130

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	05/11/1994
4. FEI Number	65-0513727
Applied For	☐ Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WENZEL INVESTMENT COMPANY ATTN. PETER WENZEL 80 S.W. 8TH ST., SUITE 2800 MIAMI FL 33130

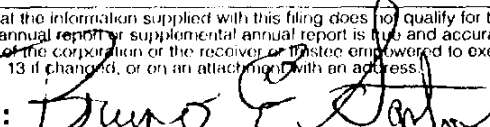
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WENZEL, PETER	1.2 NAME	Santos E. Bruno
STREET ADDRESS	80 S.W. 8TH ST., SUITE 2800	1.3 STREET ADDRESS	21361 NE 8th Ave, Unit #1
CITY-ST-ZIP	MIAMI FL 33130	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33179
TITLE	VD	2.1 TITLE	VD
NAME	MACHADO, MARCOS A	2.2 NAME	Hawkins, Gwendolyn
STREET ADDRESS	280 S.W. 8TH ST.	2.3 STREET ADDRESS	808 NE 214 Lane, Unit #2
CITY-ST-ZIP	MIAMI FL 33130	2.4 CITY-ST-ZIP	N. Miami Beach, FL 33179
TITLE	STD	3.1 TITLE	STD
NAME	FERRAZ, EDUARDO A	3.2 NAME	Mena, Carmen
STREET ADDRESS	80 S.W. 8TH ST., SUITE 2800	3.3 STREET ADDRESS	806 NE 214 Terrace, Unit #1
CITY-ST-ZIP	MIAMI FL 33130	3.4 CITY-ST-ZIP	N. Miami Beach, FL 33179
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  1/28/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020623

CR2E037 (10/97)