2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
May 28, 2008 8:00 am
Secretary of State
04-21-2008 90059 022 ****61.25

DOCUMENT # N95000002029

1. Entity Name
SIERRA RIDGE CONDOMINIUM E-2 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
21300 NE 10TH AVE. MIAMI, FL 33179	21300 NE 10TH AVE. MIAMI, FL 33179

66012404

03132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0649950
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATZMAN & KORR, PA
1501 NW 49TH STREET
SUITE 202
FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

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 Same Agent As of Record DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STEPHENSON, CAROL
STREET ADDRESS	990 NE 212TH TERRACE #4
CITY-ST-ZIP	NMB, FL 33179
TITLE	PD
NAME	FERREIRA, CRISTINA N
STREET ADDRESS	990 NE 212 TERRACE #3
CITY-ST-ZIP	N MIAMI BCH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X Cristina Ferreira 305-652-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #