## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified 06/10/1996

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Place of Business

SIGNATURE:

80 S.W. 8TH ST.

MIAM! FL 33130

**SUITE 2800** 

N96000003072 (3)

Mailing Address

80 S.W. 8TH ST.

MIAMI FL 33130-3026

**SUITE 2000** 

SIERRA RIDGE CONDOMINIUM G ASSOCIATION, INC.

2. Principal Place of Business			2a. Mailing	2a. Mailing Address				4. FEI Number			pplied For	
1			26	26				65-0674821		No	ot Applicable	
Suite, Apl. #, etc.			Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
2			27	27				5. Certificate of Status Desired	لسا	Fee R	equired	
City & State	е		City & S	City & State				6. Election Campaign Financing	<del></del>	\$5.00	May Be	
!3			28	28				Trust Fund Contribution			to Fees	
Zıp	Country Zip			Country	Country		8. This corporation has liability for li	ntangible t	ax under s	. 199.032,		
25 29 30					30	Florida Statutes Yes No						
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
WENZEL INVESTMENT COMPANY						82 Street Address (P.O. Box Number is Not Acceptable)						
80 S.W. 8TH ST.						Street Address (r.O. Dox Nutriber is Not Acceptable)						
SUITE 2800						83						
• MIAMI FL 33130												
• MIAMI FL 00100						City			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the al						ld	COLDO	ration submits this statement for the n	urnose of a	hanoina li	e renietered	
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.												
agent. I am ramiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
12.	Signature, typeo		AND DIRECTORS	e. (NOTE	13.	ent signature	required	ADDITIONS/CHANGES TO OFFIC	DATE EDG AND	DIDECTOR	OS INI 12	
TITLE	PD	O/ FIGURE /	AND DIRECTORS	DELETE	1.1 TITLE	·····		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition	
		DETED		- DETECT						Unange	Notition	
***************************************					1.2 NAME						•	
						ADDRESS						
CITY - ST - ZIP	MIAMI F	L 33130		The second	1.4 CITY- S	T-21P		······································		· · · · · · · · · · · · · · · · · · ·		
TITLE	VD			DELETE	2.1 TITLE				ι	Change	L Addition	
IAME MACHADO, MARCOS A 22 N												
					2.3 STREET	ADDRESS						
CITY-ST-ZIP		GABLES FL 33134			2. 4 DITY-	ST-ZIP						
TITLE	STD			DELETE	3.1 TITLE				Į.	Change	Addition	
NAME		, EDUARDO A			3.2 NAME							
STREET ADDRESS	80 S.W.	8TH ST., STE. 280	0		3.3 STREET	ADDRESS						
CITY - ST - ZIP	MIAMI F	L 33130			3.4. CITY-	ST-ZIP						
TITLE				☐ DELETE	4.1 TITLE					Change	Addition	
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREET	ADDRESS						
CITY-ST-ZIP					44 CITY-8	Y-ZiP						
TITLE		, , , , , , , , , , , , , , , , , , , ,		DELETE	5.1 TITLE					Change	Addition	
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREET	ADDRESS						
CITY-ST-ZIP					5.4 CITY- S		}				ł	
TITLE			<del>,</del>	DELETE	6.1 TITLE	- 4"				Change	Addition	
NAME					6.2 NAME				•			
STREET ADDRESS					6.3 STREET	ADDRESS						
CITY-ST-ZIP					6.4 DITY-S							
14. Ldo herei	by certify tha	t the information supp	lied with this filing	does not qualify	v for the exe	motion s	tated in	n Section 119.07(3)(i), Florida Statutes	s. I further	certify that	the	
14. I do 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 employered 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 apparatives.												
appears i	in Block 12 c	ctor of the corporation or Block 13 if changed	i or the receiver of t , or on an attachme	rusiee empewi ent with an add	1688 ( BX60	UIE INIS P	ppon 6	as required by Unapter 617, Florida St	iaiutes; an	o that my i	iame	