

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90002 030 \*\*\*\*61.25

**DOCUMENT # N96000005334**

1. Entity Name  
**SIERRA RIDGE CONDOMINIUM H ASSOCIATION, INC.**



Principal Place of Business  
**THE CONTINENTAL GROUP LTD.  
2950 N 28TH TERRACE  
HOLLYWOOD, FL 33020**

Mailing Address  
**THE CONTINENTAL GROUP LTD.  
2950 N 28TH TERRACE  
HOLLYWOOD, FL 33020**



07172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0708325**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KATZMAN GARFINKEL, P.A.  
1501 N.W. 49TH ST.  
SUITE 202  
FT. 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

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 September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	IZAGUIRRE, MARITZA
STREET ADDRESS	810 NE 212 TERRACE., #3
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	VPD
NAME	IZAGUIRRE, SOLEDAD
STREET ADDRESS	21255 NE 8 CT #7
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	STDD
NAME	JIMENEZ, GLADYS
STREET ADDRESS	21255 NE 8 CT., #2
CITY-ST-ZIP	MIAMI BEACH, FL 33179
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-29-08**  
Date Daytime Phone #