

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

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90002 014 ****61.25

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1. Entity Name
SIERRA RIDGE CONDOMINIUM J 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**

40113737



07172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0821041

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KATZMAN GARFINKEL, P.A.
1501 NW 49TH STREET
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOPKINS, DEBORAH
21250 NE 8TH PLACE #6
N MIAMI, FL 33179**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
FAURE, PAUL
21310 NE 8TH PLACE #1
MIAMI, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #