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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 12 PM 1:48
SECRETARY OF STATE
FLORIDA

DOCUMENT # N98000003923

1. Corporation Name
SIERRA NORWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18830 N.W. 14 COURT MIAMI FL 33169	18830 N.W. 14 COURT MIAMI FL 33169

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

3. Date Incorporated or Qualified: 07/02/1998
4. FEI Number: 65-0935660 (Applied For / Not Applicable)
5. Certificate of Status Desired: $5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

7. Name and Address of Current Registered Agent
WILLIAMS, DEBORAH L
18830 N.W. 14 COURT
MIAMI FL 33169

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City: FL 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 617.0500, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	Treasury
NAME	Ann Benjamin
STREET ADDRESS	19320 N.W. 7 ct
CITY-ST-ZIP	Miami Fl. 33168
TITLE	President (D)
NAME	Deborah L. Williams
STREET ADDRESS	18830 N.W. 14 Ct.
CITY-ST-ZIP	Miami Fl. 33169
TITLE	Vice President (D)
NAME	Thomas McGuire
STREET ADDRESS	18340 N.W. 14 Ct.
CITY-ST-ZIP	Miami, Fl. 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasury
1.2 NAME	Albert L. Stephen
1.3 STREET ADDRESS	18982 N.W. 2nd Ave. (T)
1.4 CITY-ST-ZIP	Miami Fl. 33169

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 the 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, with all other like empowered.

SIGNATURE: Deborah Williams 6-28-99 (305) 653-9248
SIGNATURE AND TITLE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF CORPORATION OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

ORDER: 307 (1/98)