

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003923	
1. Entity Name SIERRA NORWOOD HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 18830 N.W. 14 COURT MIAMI, FL 33169	Mailing Address 18830 N.W. 14 COURT MIAMI, FL 33169
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04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0935660	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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

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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 reinitiating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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	T MAXWELL, TRACEY 18910 N.W. 14 CT. MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WILLIAMS, DEBORAH L 18830 N.W. 14 COURT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCGUIRE, THOMAS 18840 N.W. 14 COURT MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/18/05-80001-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Deborah Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF Sponsoring OFFICER OR DIRECTOR

5-2-05
Date Daytime Phone #

305-653-9242