

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90057 028 \*\*\*\*61.25

**DOCUMENT # N98000004077**

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



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

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

40045073

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02282005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0849796**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**THE LAW OFFICES OF KATZMAN & KORR  
5581 W OAKLAND PARK BLVD.  
2ND FLR.  
LAUDERHILL, FL 33313**

7. Name and Address of New Registered Agent  
Name  
**The Law Offices of Katzman & Korr, P.A.**  
Street  
**1501 Northwest 49th Street, Suite 202**  
City  
**Fort Lauderdale, Florida 33309**  
p Code

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 *X* **Ferren L. Korr, Esq.** **3/31/05**  
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 **May 1, 2005**

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

Make check payable to  
**Florida Department of State**

| 10. OFFICERS AND DIRECTORS                         |                                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                      |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>BUTTENDORF, RUTH<br>850 N.E. 212TH TERRACE, #1<br>N. MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | PD<br>RENA Mohammed<br>850 NE 212 Terrace #4<br>N MIAMI BEACH, FL 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | AVHAD, VIRGILIA<br>840 N.E. 212TH TERRACE, #1<br>N. MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | Treasurer<br>← same info <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 1st V President<br>BARBARA GUERRIER<br>840 NE 212 Terrace #6<br>N MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 2nd V President<br>RITZA GERVIL<br>840 NE 212 Terrace #3<br>N MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | Secretary<br>EUGENIA ANTOINE<br>850 NE 212 Terrace #3<br>N MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |

12. 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 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: *X* **Rena Mohammed** **President Condo k** **3/31/05** **305 725 9515**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #