2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90219 026 ****61.25

DOCUI	MENIT	#1	เดลบ	$\Delta \Omega$	$N \cap A$	077
レししい	VI⊏IVII.	# 1	เขอดบ	UUI	UU4	$u \iota \iota$

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

HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020				 	ENDA IDAM DERIM DE							
2. Principal Place of Business - No P.O. Box #		3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.		03142007	Chg-NP	CR2E0	37 (12/06)				
City & State			City	City & State			4. FEI Number Applied For 65-0849796 Not Applicable					
Zip		Country	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
				Name	Name							
THE LAW OFFICES OF KATZMAN & KORR 5581 W OAKLAND PARK BLVD. 2ND FLR. LAUDERHILL, FL 33313				Street	Street Address (P.O. Box Number is Not Acceptable)							
(No change			+ Na e)	City				FL Zip 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.												
01041471105												
SIGNATURE	Signature, typed	or printed name of registered agent	t and title if applica	able, (NOTE:	Registered Agent sign	nature required	d when reinstating)		DATE			
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		Make chec Florida Depa	k payable to			
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
HILE	PD Delete		Delete	THILE					☐ Change	Addition		
NAME	MUHAMMED, RENA		NAME									
STREET AODRESS	DORESS 850 NE 212 TERR. # 4		STREET ADDRESS	5								
CITY - ST - ZIP	N. MIAMI I	BEACH, FL 33179			CITY-ST-ZIP							
TITLE	VP Delete 1		TITLE					☐ Change	Addition			
NAME	GUERRIER, BARBARA		NAME					_ •				
STREET ADDRESS	840NE 212 TERRACE # 6		STREET ADDRESS	3								
CITY-ST-ZIP	MIAMI, FL 33179 cm		CITY-ST-ZIP									
TITLE	Т			☐ Delete	TITLE				-	Change	☐ Addition	
NAME	GERVIL, RITZA		NAME									
STREET AODRESS	840 NE 212 TERRACE # 3		STREET ADDRESS	s								
CITY-ST-ZIP	MIAMI, FL	33179			CITY-ST-ZIP							
-TITLE	s			Delete	TITLE	-				☐ Change	☐ Addition	
NAME	_	EUGENIA		□ Ocicie	NAME						☐ Addition	
STREET ADDRESS	850 NE 21	2 TERRACE # 3			STREET ADDRESS	s						
CITY-ST-ZIP	MIAMI, FL	33179			CITY-ST-ZIP							
TITLE				☐ Delete	TITLE	1				☐ Change	Addition	
NAME				_ 55.600	NAME	1.						
STREET ADDRESS					STREET ADDRESS	s						
CITY-ST-ZIP	-				CITY-ST-ZIP	1						
TITLE				☐ Delete	TITLE		 -			☐ Change	☐ Addition	
NAME					NAME		-					
STREET ADDRESS	1				STREET ADDRESS	3						
CITY ST. 2ID	1				CITY OT 7ID							

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:

ena Molainaed Pusidat K
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/21/07

305 528 ZIN

Daytime Phone #