2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N98000005780

Entity Name: SIERRA VISTA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2582 S. MAGUIRE RD., #318
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2582 S. MAGUIRE RD., #318
OCOEE, FL 34761

New Mailing Address:

FEI Number: 59-3536621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOLOMON, SPENCER R
113 DESIREE AURORA STREET
WINTER GARDEN, FL FL34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RIVENBURG, JERRY
Address: 1780 PRESIDIO DR
City-St-Zip: CLERMONT, FL 34711

Title: VPD ( ) Delete
Name: OLAFSEN, KIRSTEN
Address: 121 LOMBARD CIR
City-St-Zip: CLERMONT, FL 34711

Title: STD ( ) Delete
Name: MOODY, DON
Address: 1598 CHANCELLOR CT
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: RIVENBURG, JERRY
Address: 1780 PRESIDIO DR
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change ( ) Addition
Name: CHIARELLA, DON
Address: 144 LOMBARD CIR
City-St-Zip: CLERMONT, FL 34711

Title: PD (X) Change ( ) Addition
Name: MOODY, DON
Address: 1598 CHANCELLOR CT
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON MOODY PD 04/30/2006

Electronic Signature of Signing Officer or Director — Date