

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 20 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **S79041** (7)

1. Corporation Name
SIERRA HOMES, INC.

Principal Place of Business

**238 N. WESTMONTE DR
STE 200
ALTAMONTE SPGS FL 32714
US**

Mailing Address

**238 N. WESTMONTE DR
STE 200
ALTAMONTE SPGS FL 32714
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1991

4. FEI Number

59-3093040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 375 Douglas Ave.

2a. Mailing Address

26 375 Douglas Ave.

Suite, Apt. #, etc.

22 Suite 2006

Suite, Apt. #, etc.

27 Suite 2006

City & State

23 Altamonte Spgs, FL

City & State

28 Altamonte Spgs, FL

Zip

24 32714

Country

25 USA

Zip

29 32714

Country

30 USA

9. Name and Address of Current Registered Agent

LOUIS GEYS

**238 N. WESTMONTE DR
SUITE 200
ALTAMONTE SPRINGS FL 32714**

**375 Douglas Ave.
Suite 2006**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

10 ☐ DELETE
NAME **GEYS, LOUIS**
STREET ADDRESS **375 Douglas Ave.**
CITY-ST-ZIP **238 N. WESTMONTE DR., STE 200 Suite 2006
ALTAMONTE SPGS FL 32714**

P ☒ DELETE
NAME **MOENSSENS, NOEL**
STREET ADDRESS **375 Douglas Ave.**
CITY-ST-ZIP **238 N. WESTMONTE DR STE 200
ALTAMONTE SPGS FL Suite 2006**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 this 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LOUIS GEYS

4-15-98 407-862-554

CR2E034 (10/97)