

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003462

FILED
Mar 31, 2009
Secretary of State

Entity Name: SIENA GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1025 EAST CROWN POINT ROAD
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1025 EAST CROWN POINT ROAD
OCOEE, FL 34761

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, WENDY R
1270 ORANGE AVENUE
SUITE D
WINTER PARK, FL 32789 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: P, T () Delete
Name: MADRUGA, LUIS
Address: 1025 EAST CROWN POINT ROAD
City-St-Zip: OCOEE, FL 34761

Title: VP () Delete
Name: MADRUGA, MAYTE
Address: 1025 EAST CROWN POINT ROAD
City-St-Zip: OCOEE, FL 34761

Title: S () Delete
Name: MADRUGA, MAYTE
Address: 1025 EAST CROWN POINT ROAD
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: MADRUGA, LUIS
Address: 1025 EAST CROWN POINT ROAD
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: MADRUGA, MAYTE
Address: 1025 EAST CROWN POINT ROAD
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: MADRUGA, JORGE
Address: 1025 EAST CROWN POINT ROAD
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JORGE MADRUGA

D

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date