

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30905

1. Corporation Name
SIENNA VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9380 SUNSET DRIVE SUITE #B-250 MIAMI, FLORIDA 33173	9380 SUNSET DRIVE SUITE B-250 MIAMI, FLORIDA 33173

2. Principal Place of Business	2a. Mailing Address
21 9380 SUNSET DRIVE Suite, Apt. #, etc.	26 9380 SUNSET DRIVE Suite, Apt. #, etc.
22 B-250 City & State	27 B-250 City & State
23 MIAMI, FLORIDA Zip Country	28 MIAMI, FLORIDA Zip Country
24 33173 USA	29 33173 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 65-0173330	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE #1102
MIAMI, FLORIDA 33173

10. Name and Address of New Registered Agent

B1 Name	SKRLD, INC.
B2 Street Address (P.O. Box Number is Not Acceptable)	201 ALHAMBRA CIRCLE
B3	SUITE 1102
B4 City	CORAL GABLES FL
B5 Zip Code	33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: SKRLD, INC. by: *Dona Fern* SECRETARY DATE: 4-11-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DIAZ, GREG	
1.3 STREET ADDRESS	14245 SW 57 LANE #6	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183	
2.1 TITLE	S/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VITAL, ESTHER	
2.3 STREET ADDRESS	14325 SW 57 LANE #8	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUAREZ, ELBA M.	
3.3 STREET ADDRESS	14345 SW 57 LANE #11	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SUAREZ, CORALINA	
4.3 STREET ADDRESS	14345 SW 57 LANE #12	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RODRIGUEZ, BETTY	
5.3 STREET ADDRESS	14245 SW 57 LANE #7	
5.4 CITY-ST-ZIP	MIAMI, FLORIDA 33183	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400001782714	
6.3 STREET ADDRESS	-04/16/96--01124--003	
6.4 CITY-ST-ZIP	***70.00 4-16-96JR	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elba M. Suarez* DATE: 03/21/96 DAYTIME PHONE #: (305)593-4702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELBA M. SUAREZ, TREASURER/DIRECTOR

CR2E037 (12/95)