

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30905**
1. Corporation Name
VILLAS SIENNA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business COURTESY PROPERTY MAGMT.	Mailing Address 9380 SUNSET DR. SUITE B250 MIAMI FL 33173
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3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 65-0173330	Applied for <input type="checkbox"/> 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. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 COURTESY PROP. MGMT	2a. Mailing Address 26 9380 SUNSET DR.
Suite, Apt #, etc	Suite, Apt #, etc.
22	27 SUITE B250
City & State	City & State
23	28 MIAMI FL
Zip	Country
24	29 33173
Country	30 DADE

9. Name and Address of Current Registered Agent
**SIEGFRIED, RIVERA, LERNER & DELATORRE
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ (Signature, typed or printed name of registered agent and title. Applicable. (Not a Registered Agent signature required when resigning.) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVID BEZANILLA	
13 STREET ADDRESS	14325 SW 57 Ln.#2	
14 CITY - ST - ZIP	MIAMI, FL 33183	
21 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	DEREK BAKER	
23 STREET ADDRESS	14306 SW 57 Ln.#7	
24 CITY - ST - ZIP	MIAMI FL 33183	
31 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	ELBA SUAREZ	
33 STREET ADDRESS	14345 SW 57 Ln.#11	
34 CITY - ST - ZIP	MIAMI FL 33183	
41 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	CORALINA SUAREZ	
43 STREET ADDRESS	14345 SW 57 Ln.#12	
44 CITY - ST - ZIP	MIAMI FL 33183	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ROBERT GRANT JR	
53 STREET ADDRESS	14325 SW 57 Ln.#15	
54 CITY - ST - ZIP	MIAMI FL 33183	
61 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	300002232243	
64 CITY - ST - ZIP	-07/08/97--01004--015	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: David Bezanilla **4/29/97** **305 387-1560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)