

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90077 020 \*\*\*\*70.00

0034237

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N30905

1. Corporation Name

SIENNA VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O COURTEST PROPERTY MAGMT 9380 SUNSET DR., STE B 250 MIAMI FL 33173

Mailing Address

C/O COURTESY PROPERTY MAGMT. 9380 SUNSET DR. STE B 250 MIAMI FL 33317-3



2. Principal Place of Business

21 Courtesy Prop. Mgmt.

Suite, Apt. #, etc.

22 13250 SW 135th Ave

City & State

23 Miami, Fl

Zip

24 33186

Country

25 Dade

2a. Mailing Address

26 Courtesy Prop. Mgmt.

Suite, Apt. #, etc.

27 13250 SW 135th Ave

City & State

28 Miami, Fl

Zip

29 33186

Country

30 Dade

3. Date Incorporated or Qualified

02/28/1989

4. FEI Number

65-0173330

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

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

FL

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE

NAME BEZANILLA, DAVID  
STREET ADDRESS 14325 SW 57 LN. #2  
CITY-ST-ZIP MIAMI FL 33183

TITLE D  DELETE

NAME MARGARATE GRANT  
STREET ADDRESS 14325 SW 57TH LANE, #15  
CITY-ST-ZIP MIAMI FL 33183

TITLE TD  DELETE

NAME SUAREZ, ELBA  
STREET ADDRESS 14345 SW 57 LN. #11  
CITY-ST-ZIP MIAMI FL 33183

TITLE SD  DELETE

NAME SUAREZ, CORALINA  
STREET ADDRESS 14345 SW 57 LN. #12  
CITY-ST-ZIP MIAMI FL 33183

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director  Change  Addition

1.2 NAME Marcia Morales  
1.3 STREET ADDRESS 14325 SW 57 Lane #7  
1.4 CITY-ST-ZIP Miami, Fl 33183

2.1 TITLE VPD  Change  Addition

2.2 NAME Margaret Grant  
2.3 STREET ADDRESS 14325 SW 57th Lane #15  
2.4 CITY-ST-ZIP Miami, Fl 33183

3.1 TITLE President/TD  Change  Addition

3.2 NAME Elba Suarez  
3.3 STREET ADDRESS 14345 SW 57 LN #11  
3.4 CITY-ST-ZIP Miami, Fl 33183

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)