


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90197 037 \*\*\*\*61.25

<b>DOCUMENT # N30905</b>			
1. Entity Name SIENNA VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2510 N.W. 97 AVENUE, STE 200 DORAL, FL 33172 US		Mailing Address 2510 N.W. 97 AVENUE, STE 200 DORAL, FL 33172 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALVAREZ, ELIANA C/O EXCEL MANAGEMENT 2510 NW 99TH AVE SUITE 200 DORAL, FL 33178		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUDMILLA, JIMENEZ 14355 SW 57TH LN SUITE 8 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fischer, J. Melder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14340 S.W 57 Lane #104 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JORGE 14340 SW 57TH LN SUITE 204 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABELS, JURGEN 14260 SW 57TH AVE SUITE 204 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUAREZ, ELBA 14345 SW 57TH AVE SUITE 10 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VILLAR, ROSA 14325 SW 57TH LN SUITE 9 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Villar ROSA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14325 SW 57th Lane #9 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bustos Carlos <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14340 S W 57 Ln #205 MIAMI, FL 33183
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Elba M. Suarez</u>		Elba M. Suarez, Treasurer 04/25/07 (305) 436-6655	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

