

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003285

1. Entity Name

SIENA RIDGE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90123 023 ****61.25

Principal Place of Business 2909 W. STATE ROAD 434 STE. 121-131 LONGWOOD FL 32779	Mailing Address 2909 W. STATE ROAD 434 STE. 121-131 LONGWOOD FL 32779-4837
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3604746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FREEDMAN, JEROME B
2909 W. STATE ROAD 434 STE. 121-131
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE DVT	<input type="checkbox"/> Delete
NAME GOODMAN, BARRY S	
STREET ADDRESS 2909 W. STATE ROAD 434 STE. 121-131	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE DS	<input checked="" type="checkbox"/> Delete
NAME BIEDERMAN, ROBERT A	
STREET ADDRESS 2909 W. STATE ROAD 434 STE. 121-131	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE DP	<input type="checkbox"/> Delete
NAME FREEDMAN, JEROME B	
STREET ADDRESS 2909 W. STATE ROAD 434 STE. 121-131	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE D	<input type="checkbox"/> Delete
NAME KNOWLES, LISA A	
STREET ADDRESS 2909 W. STATE ROAD 434 STE. 121-131	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE D	<input type="checkbox"/> Delete
NAME NOVOTNY, CHRISTINA M	
STREET ADDRESS 2909 W. STATE ROAD 434 STE. 121-131	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Novotny, Christina M	
STREET ADDRESS 2909 W. State Road 434, Suite 121-131	
CITY-ST-ZIP Longwood, FL 32779	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Hughey, Joanne	
STREET ADDRESS 2909 W. State Road 434, Suite 121-131	
CITY-ST-ZIP Longwood, FL 32779	

12. 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 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: Jerome B. Freedman (407) 786-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)