

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

0024259

DOCUMENT # N99000003285

1. Entity Name:

SIENA RIDGE HOMEOWNERS ASSOCIATION, INC.

04-05-2001 90004 031 ****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
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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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DVT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GOODMAN, BARRY S	2909 W. STATE ROAD 434 STE. 121-131	LONGWOOD FL 32779						
	DS			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BIEDERMAN, ROBERT A	2909 W. STATE ROAD 434 STE. 121-131	LONGWOOD FL 32779						
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FREEDMAN, JEROME B	2909 W. STATE ROAD 434 STE. 121-131	LONGWOOD FL 32779						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	KNOWLES, LISA A	2909 W. STATE ROAD 434 STE. 121-131	LONGWOOD FL 32779						
	D			<input type="checkbox"/> Delete		DS			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	NOVOTNY, CHRISTINA M	2909 W. STATE ROAD 434 STE. 121-131	LONGWOOD FL 32779			Novotny, Christina M.	2909 W. State Road 434, Suite 121-131	Longwood, FL 32779	
				<input type="checkbox"/> Delete		D			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
						Hughey, Joanne	2909 W. State Road 434, Suite 121-131	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 *[Signature]* **FREEDMAN, JEROME B**, President 4/3/01 407-786-4244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)