

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90032 014 ****61.25

0011014

DOCUMENT # N99000003285

1. Entity Name

SIENA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2909 W. STATE ROAD 434 STE. 121-131
 LONGWOOD FL 32779

2909 W. STATE ROAD 434 STE. 121-131
 LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PO Box 135084

Suite, Apt. #, etc.

PO Box 135084

City & State

CLERMONT FL

City & State

CLERMONT FL

4. FEI Number

59-3604746

Applied For

Not Applicable

Zip

34713

Country

USA

Zip

34713

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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: Andy A. Jones
 Street Address (P.O. Box Number is Not Acceptable):
15201 LAFFITE LN
CLERMONT
 City: CLERMONT FL Zip Code: 34711

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

Andy A. Jones Secretary

1-22-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gilda Roman Nay Torres	
STREET ADDRESS	PO Box 135084	
CITY-ST-ZIP	CLERMONT FL 34713	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gil Cruz	
STREET ADDRESS	PO Box 135084	
CITY-ST-ZIP	CLERMONT FL 34713	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberto L. Lebron	
STREET ADDRESS	PO Box 135084	
CITY-ST-ZIP	CLERMONT FL 34713	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andy Jones	
STREET ADDRESS	PO Box 135084	
CITY-ST-ZIP	CLERMONT FL 34713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

Date

352-243-9249

Daytime Phone #

CR2E037 (9/01)