

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90093 007 ****61.25

DOCUMENT # N99000003285

1. Entity Name

SIENA RIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 135084
 CLEARMONT FL 34713

Mailing Address

PO BOX 135084
 CLEARMONT FL 34713

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACHMAN, ROBERT L
 14829 MARGAUX DRIVE
 CLERMONT FL 34711

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROBERT L. BACHMAN

Robert L. Bachman

03-06-04

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
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PTR Delete
 NAME BACHMAN, ROBERT L
 STREET ADDRESS 14828 MARGAUX DR.
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
 NAME *Robert L. Bachman P.*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STR Delete
 NAME DYKHOUSE, KORIN
 STREET ADDRESS 15219 MARGAUX DR.
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
 NAME *Korin Dykhouse*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DTR Delete
 NAME FAIRFIELD, CATHERINE
 STREET ADDRESS 15225 MARGAUX DR.
 CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
 NAME *Catherine Fairfield, D.*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: ROBERT L. BACHMAN, PRESIDENT *Robert L. Bachman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-6-04

Daytime Phone #

352-394-5407