




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90030 026 ****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 PO BOX 135084 Suite, Apt. #, etc.		3. Mailing Address PO BOX 135084 Suite, Apt. #, etc.	
City & State CLEARMONT, FL		City & State CLEARMONT, FL	
Zip 34713		Country	
Zip 34713		Country 34713	
4. FEI Number 59-3604746		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACHMAN, ROBERT L 14829 MARGAUX DRIVE CLEARMONT, FL 34711		7. Name and Address of New Registered Agent Name ED KARYCINSKI Street Address (P.O. Box Number is Not Acceptable) 15043 MARGAUX DR. City CLEARMONT FL Zip Code 34714	
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: 		DATE: 3-15-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P BACHMAN, ROBERT L 14828 MARGAUX DR. CLEARMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILL GREENWOOD 15121 MARGAUX DR. CLEARMONT, FL 34714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYKHOUSE, KORIN 15219 MARGAUX DR. CLEARMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ED KARYCINSKI 15043 MARGAUX DR. CLEARMONT, FL 34714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIRFIELD, CATHERINE 15225 MARGAUX DR. CLEARMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENISE DEMELLIO 15100 MARGAUX DR. CLEARMONT, FL 34714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 3/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 352-394-5454	