2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003285

FILED Feb 20, 2006 Secretary of State

Entity Name: SIENA RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 135084 231 RUBY AVENUE

CLEARMONT, FL 34713 SUITE B

KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

PO BOX 135084 P. O. BOX 452847

CLEARMONT, FL 34713 KISSIMMEE, FL 347452847 US

FEI Number: 59-3604746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KARYCINSKI, ED GARAY, MINETTA
15043 MARGAUX DR 231 RUBY AVENUE

CLERMONT, FL 34714 US SUITE B
KISSIMMEE, FL 34741 US

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: MINETTA GARAY 02/20/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P/D (X) Change () Addition

 Name:
 GREENWOOD, BILL
 Name:
 ANDERSON, JOHN

 Address:
 15121 MARGAUX DR
 Address:
 15012 MARGAUX DR

 City-St-Zip:
 CLERMONT, FL 34714
 City-St-Zip:
 CLERMONT, FL 34714 US

Title: VP () Delete Title: VP/D (X) Change () Addition Name: KARYCINSKI, GARY Name: MICAI, ROBERT

 Address:
 15043 MARGAUX DR
 Address:
 15019 MARGAUX DR

 City-St-Zip:
 CLERMONT, FL 34714
 City-St-Zip:
 CLERMONT, FL 34714 US

 Name:
 DEMEGLIO, DENISE
 Name:
 BACHMAN, ROBERT

 Address:
 15100 MARGAUX DR
 Address:
 14829 MARGAUX DR

 City-St-Zip:
 CLERMONT, FL 34714
 City-St-Zip:
 CLERMONT, FL 34714 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 CONNELLY, HÓRACE

 Address:
 Address:
 15324 MARGAUX DRIVE

 City-St-Zip:
 City-St-Zip:
 CLERMONT, FL 34714 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 FREEMAN, ADRIAN

 Address:
 Address:
 15438 PETRUS LANE

 City-St-Zip:
 City-St-Zip:
 CLERMONT, FL 34714 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ANDERSON P 02/20/2006