## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003285

Entity Name: SIENA RIDGE HOMEOWNERS ASSOCIATION, INC.

FILED Apr 30, 2007 Secretary of State

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

231 RUBY AVENUE 231 RUBY AVENUE

SUITE B SUITE A

KISSIMMEE, FL 34741 US KISSIMMEE, FL 34741 US

Current Mailing Address: New Mailing Address:

P. O. BOX 452847 231 RUBY AVENUE

KISSIMMEE, FL 347452847 US SUITE A

KISSIMMEE, FL 34741 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:

GARAY, MINETTA ASSOCIATION SOLUTIONS OF CENTRAL FL, INC

231 RUBY AVENUE 231 RUBY AVENUE

SUITE B SUITE A

KISSIMMEE, FL 34741 US 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.

CICLULATIVE AUXIETTA CARAV

SIGNATURE: MINETTA GARAY 04/30/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ANDERSON, JOHN
 Name:
 BACHMAN, ROBERT

 Address:
 15012 MARGAUX DR
 Address:
 14829 MARGAUX DRIVE

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

Title: VP/D ( ) Delete Title: STD (X) Change ( ) Addition

 Name:
 MICAI, ROBERT
 Name:
 FREEMAN, ADRIAN

 Address:
 15019 MARGAUX DR
 Address:
 15438 PETRUS LANE

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

 $\label{eq:title:Title:D} \textit{Title:} \qquad \textit{D} \qquad \textit{(X) Change () Addition}$ 

 Name:
 BACHMAN, ROBERT
 Name:
 ANDERSON, JOHN

 Address:
 14829 MARGAUX DR
 Address:
 15012 MARGAUX DR

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

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 CONNELLY, HORACE
 Name:
 BUTTACAVOLI, SAL

 Address:
 15324 MARGAUX DRIVE
 Address:
 15443 MARGAUX DRIVE

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

 Name:
 FREEMAN, ADRIAN
 Name:
 WATKINS, CHRISTOPHER

 Address:
 15438 PETRUS LANE
 Address:
 15145 MARGAUX DRIVE

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT BACHMAN P 04/30/2007