## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003285

FILED Mar 31, 2008 Secretary of State

Entity Name: SIENA RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2180 WEST ST 434, SUITE 5000 2180 WEST ST 434 LONGWOOD, FL 327795044 US SUITE 5000 LONGWOOD, FL 327795044 US **Current Mailing Address:** New Mailing Address: 2180 WEST ST 434, SUITE 5000 2180 WEST ST 434 LONGWOOD, FL 327795044 US SUITE 5000 LONGWOOD, FL 327795044 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: HART, JAMES W JR HART, JAMES W JR. 2180 WEST ST 434, SUITE 5000 SENTRY MANAGEMENT INC LONGWOOD, FL 327795044 US 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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: JAMES W HART JR 03/31/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BACHMAN, ROBERT Name: Name: 14829 MARGAUX DRIVE Address: Address: City-St-Zip: CLERMONT, FL 34714 US City-St-Zip: Title: STD () Delete Title: () Change () Addition FREEMAN, ADRIAN Name: Name: Address: 15438 PETRUS LANE Address: City-St-Zip: CLERMONT, FL 34714 US City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, JOHN Name: Name: 15012 MARGAUX DR Address: Address: City-St-Zip: CLERMONT, FL 34714 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BUTTACAVOLI, SAL Name: 15443 MARGAUX DRIVE Address: Address: City-St-Zip: CLERMONT, FL 34714 US City-St-Zip: Title: Title: ( ) Delete () Change () Addition WATKINS, CHRISTOPHER Name: Name: 15145 MARGAUX DRIVE Address: Address: City-St-Zip: CLERMONT, FL 34714 US City-St-Zip:

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 PD 03/31/2008