

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003285

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: SIENA RIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST ST 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST ST 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

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

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

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: BACHMAN, ROBERT  
Address: 14829 MARGAUX DRIVE  
City-St-Zip: CLERMONT, FL 34714 US

Title: STD ( ) Delete  
Name: FREEMAN, ADRIAN  
Address: 15438 PETRUS LANE  
City-St-Zip: CLERMONT, FL 34714 US

Title: D ( ) Delete  
Name: ANDERSON, JOHN  
Address: 15012 MARGAUX DR  
City-St-Zip: CLERMONT, FL 34714 US

Title: D ( ) Delete  
Name: BUTTACAVOLI, SAL  
Address: 15443 MARGAUX DRIVE  
City-St-Zip: CLERMONT, FL 34714 US

Title: D (X) Delete  
Name: WATKINS, CHRISTOPHER  
Address: 15145 MARGAUX DRIVE  
City-St-Zip: CLERMONT, FL 34714 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, JOHN  
Address: 15012 MARGAUX DRIVE  
City-St-Zip: CLERMONT, FL 34714 US

Title: VPD (X) Change ( ) Addition  
Name: FREEMAN, ADRIAN  
Address: 15438 PETRUS LANE  
City-St-Zip: CLERMONT, FL 34714 US

Title: SD (X) Change ( ) Addition  
Name: JAKOB, KEVIN  
Address: 14953 MARGAUX DR  
City-St-Zip: CLERMONT, FL 34714 US

Title: TD (X) Change ( ) Addition  
Name: ANGEBRANDT, JANICE  
Address: 15409 PETRUS LN  
City-St-Zip: CLERMONT, FL 34714 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOHN ANDERSON

PD

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date