

Attachment

4/25/2003-90308-017-\$61.25-\$61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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: Subts, Apt. #, etc.
3. Mailing Address: Subts, Apt. #, etc.

City & State: City & State

4. FEI Number: **69-6804748** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **JONES, ANDY A, 15301 LARITE LN, CLEARMONT FL 34711**

7. Name and Address of New Registered Agent: **ROBERT L. BACHMAN, 14829 MARGAUX DR, CLERMONT FL 34711**

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: _____

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing: \$8.00 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: DVT | NAME: TARES, GLDA STREET ADDRESS: POB 135084 CITY-ST-ZIP: CLEARMONT FL 34713 | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME: ROBERT L. BACHMAN STREET ADDRESS: 14829 MARGAUX DR CITY-ST-ZIP: CLERMONT FLA. 34711 |
| TITLE: <input checked="" type="checkbox"/> Delete | NAME: CRUZ, GIL STREET ADDRESS: PO BOX 135084 CITY-ST-ZIP: CLEARMONT FL 34713 | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME: DENNIS HOLOBY STREET ADDRESS: 14841 MARGAUX DR CITY-ST-ZIP: CLERMONT, FLA. 34711 |
| TITLE: <input checked="" type="checkbox"/> Delete | NAME: ROBERT, LEBRON STREET ADDRESS: POB - 135084 CITY-ST-ZIP: CLEARMONT FL 34713 | TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME: KORRIN DYKHOSE STREET ADDRESS: 15219 MARGAUX DR CITY-ST-ZIP: CLERMONT, FLA. 34711 |
| TITLE: <input checked="" type="checkbox"/> Delete | NAME: JONES, ANDY STREET ADDRESS: POB 135084 CITY-ST-ZIP: CLEARMONT FL 34713 | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <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)(f), 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 my address, with as other like empowered.

SIGNATURE: **SKATUPA F. BACHMAN** DATE: **3-18-03** 352-394-5407

55055885

CHECK HERE IF MAKING CHANGES

10/11/03