


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90087 021 ****61.25

DOCUMENT # N99000004309

1. Entity Name
 SIENA LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 C/O GRS MANAGEMENT ASSOCIATES INC
 3900 WOODLAKE BLVD., SUITE 309
 LAKE WORTH, FL 33463

Mailing Address
 C/O GRS MANAGEMENT ASSOCIATES INC
 3900 WOODLAKE BLVD., SUITE 309
 LAKE WORTH, FL 33463

40050000



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01272006 Chg-NP CR2E037 (11/05)

4. FEI Number
 65-0984882 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GRS MANAGEMENT ASSOC. INC.
 3900 WOODLAKE BLVD.
 JOE GILBERT, STE. 201
 LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent
 Name St. John, Core & Lemme, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
11601 Forum Place, Suite 701
 City W. Palm Beach FL Zip Code 33401

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 David A. Core Secretary DATE 4-17-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-listing)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** 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 NAME STREET ADDRESS CITY-ST-ZIP	VP CENTER, DONALD 8345 GRNAD MESSINER CIR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRAND MESSINA CIRCLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP COHEN, IRENE 8321 GRAND MESSINER CIR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRAND MESSINA CIRCLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEISCHMAN, SEYMOUR 8264 GRAND MESSINER CIR. BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRAND MESSINA CIRCLE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPSUTO, LEON 8535 ROYAL VERONA CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOPER, MICHAEL 8460 GRAND MESSINA CIR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE: Seymour Fleischman SEYMOUR FLEISCHMAN Date 5-3-2006 Daytime Phone # 561 346-8903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR