

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003462

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**8621738045CC**

**Entity Name:** SIENA GARDENS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

DON ASHER & ASSOCIATES  
16 W. DAKIN AVE  
KISSIMMEE, FL 34741

**Current Mailing Address:**

DON ASHER & ASSOCIATES  
16 W. DAKIN AVE  
KISSIMMEE, FL 34741 US

**FEI Number:** 27-4406022

**Certificate of Status Desired:** No

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

ASHER, DEAN  
DON ASHER & ASSOCIATES  
16 W. DAKIN AVE  
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.*

**SIGNATURE:** DEAN ASHER

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CASTRO, MARIA A  
Address        DON ASHER & ASSOCIATES  
                  16 W. DAKIN AVE  
City-State-Zip: KISSIMMEE FL 34741

Title            TREASURER  
Name            DESAI, DEVARSHI  
Address        DON ASHER & ASSOCIATES  
                  16 W. DAKIN AVE  
City-State-Zip: KISSIMMEE FL 34741

Title            SECRETARY  
Name            HOPFER, RICHARD  
Address        DON ASHER & ASSOCIATES  
                  16 W. DAKIN AVE  
City-State-Zip: KISSIMMEE FL 34741

Title            VP  
Name            PATTERSON , JEFFREY  
Address        DON ASHER & ASSOCIATES  
                  16 W. DAKIN AVE  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            AKHATAR, MUHAMMAD S  
Address        DON ASHER & ASSOCIATES  
                  16 W. DAKIN AVE  
City-State-Zip: KISSIMMEE FL 34741

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARIA A. CASTRO

**PRESIDENT**

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date