

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003961

**Entity Name:** SIENA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323**Current Mailing Address:**1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US**FEI Number:** 26-2468429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILBERG KLEIN, P.L.  
5550 GLADES RD  
#500  
BOCA RATON, FL 33441 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:** MILBERG PAUL

02/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|         |  |
|---------|--|
| Title   | SECRETARY  |
| Name    | SANTIAGO, CLAUDIA  |
| Address | C/O MIAMI MANAGEMENT, INC.<br>1145 SAWGRASS CORPORATE PKWY |

City-State-Zip: SUNRISE FL 33323

|         |  |
|---------|--|
| Title   | PRESIDENT  |
| Name    | BURKE, MAKEBA  |
| Address | C/O MIAMI MANAGEMENT, INC.<br>1145 SAWGRASS CORPORATE PKWY |

City-State-Zip: SUNRISE FL 33323

|         |   |
|---------|---|
| Title   | TREASURER   |
| Name    | COVINGTON, KENTON G                                       |
| Address | C/O MIAMI MANAGEMENT, INC<br>1145 SAWGRASS CORPORATE PKWY |

City-State-Zip: SUNRISE FL 33323

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:** MAKEBA BURKE

PRESIDENT

02/03/2021

Electronic Signature of Signing Officer/Director Detail

Date