2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-05-2007 90114 026 ****61.25

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DOCUMENT # N00000007977

1. Entity Name
SIENNA GREENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2641 EAST ATLANTIC BLVD SUITE 310 POMPANO BEACH, FL 33062	P.O. BOX 802 POMPANO BEACH, FL 33061

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O Benchmark Prop. Mgnt.	C/O Benchmark Prop. Mgnt.
Suite, Apt. #, etc. 7932 Willes Road	Suite, Apt. #, etc. 7932 Willes Road
City & State Coral Springs FL	City & State Coral Springs FL
Zip / Country 33067 U.S.A	Zip / Country 33067 U.S.A

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1088194
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TMG MANAGEMENT 2641 EAST ATLANTIC BLVD SUITE 310 POMPANO BEACH, FL 33062	Name: Robert Kaye & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable): 6261 N.W 6 Way #103 City: Ft. Lauderdale FL Zip Code: 33309

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: Robert Kaye President DATE: 2-19-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	P PARRISH, MELVIN 3893 SIENNA GREENS TERRACE LAUDERHILL, FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Pres. West, Tim 6714 WW 39 West Ft. Lauderdale, FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLDEN, MAL 6719 NW 39TH LANE FORT LAUDERDALE, FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition V Stewart, Devin 3888 Sienna Greens Terrace, Lauderhill33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCLAURIN, JUDY 6710 NW 38TH DRIVE LAUDERHILL, FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S Colden, Malquiese 6719 NW 39 Lane Lauderhill, FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOQUERRE, FABRICE 6850 NW 38 DRIVE FORT LAUDERDALE, FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition T Laguerre, Fabrice 6850 N.W. 38 Drive Lauderhill, FL 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEST, TIM 6714 NW 39 WEST FORT LAUDERDALE, FL 33319	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 1/30/07 (954) 344-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #