


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90012 017 ****61.25

DOCUMENT # N00000007977 1. Entity Name SIENNA GREENS HOMEOWNERS ASSOCIATION, INC.																																																																																																																																							
Principal Place of Business C/O BENCHMARK PROP. MGNT. 7932 WILLES RD. POMPANO BEACH, FL 33067		Mailing Address C/O BENCHMARK PROP. MGNT. 7932 WILLES RD. POMPANO BEACH, FL 33067																																																																																																																																					
2. Principal Place of Business - No P.O. Box # do Swift Management Suite, Apt. #, etc. 1750 University Dr. #205 City & State Coral Springs, FL Zip 33071 Country USA		3. Mailing Address 1750 University Dr. Suite, Apt. #, etc. #205 City & State Coral Springs, FL Zip 33071 Country USA																																																																																																																																					
4. FEI Number 65-1088194		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent KAYE, ROBERT P.A. 6261 N.W. 6 WAY #103 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																					
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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: <u>Shaundrika Taylor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/11/08</u> Daytime Phone # <u>954-341-6340</u>																																																																																																																																					