

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

DOCUMENT # N00000007982

1. Entity Name

SIENNA CLUB HOMEOWNERS ASSOCIATION, INC.



03-15-2004 90022 007 ****61.25

Principal Place of Business

J&L PROPERTY MGMT INC
10191 W. SAMPLE RD. #203
CORAL SPRINGS FL 33065

Mailing Address

J&L PROPERTY MGMT INC
10191 W. SAMPLE RD. #203
CORAL SPRINGS FL 33065

54018894



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1088189

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

CALDERAZZO, JAMES
C/O J&L PROPERTY MGMT
10191 W. SAMPLE RD. SUITE 203
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACK, MICHAEL 4788 W. COMMERCIAL BLVD. TAMARAC FL 33319	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELFINO, ALEJANDRO 4788 W. COMMERCIAL BLVD. TAMARAC FL 33319	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, CARLOS 4788 W. COMMERCIAL BLVD. TAMARAC FL 33319	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUDIA ODLE 6915 SIENNA CLUB PL LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRACEY JOHNSON 6761 SIENNACUB PL LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMON CALATCHI 6732 SIENNACUB PL LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JIM BORDONARO 6740 SIENNA CLUB PL LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLENE WONG 4357 NW 69 TR LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RENEE CRICHTON 4367 NW 69 TR LAUDERHILL FL 33319	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-04 954-219-430