2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90079 011 ****61.25

DOCUMENT # N00000007982

1. Entity Name

SIENNA CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
J&L PROPERTY MGMT INC 10191 W. SAMPLE RD. #203 CORAL SPRINGS FL 33065	J&L PROPERTY MGMT INC 10191 W. SAMPLE RD. #203 CORAL SPRINGS FL 33065

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 ODLE, CLANDIA 6915 SIENNA CLUB PL LAUDERHILL FL 33319	☐ Delete	TITLE 0 NAME LOWE VENESSA STREET ADDRESS 4373 NW 69 TR CITY-ST-ZIP LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHNSON, TRACEY 6761 SIENNA CLUB PL LAUDERHILL FL 33319	☒ Delete	TITLE 0 NAME SAGET MARIE STREET ADDRESS 6747 SIENNA CLUB DR CITY-ST-ZIP LAUDERHILL FL 33319	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CALATCHI, AVON 6732 SIENNA CLUB PL. FORT LAUDERDALE FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BORDONARO, JIM 6740 SIENNA CLUB PL. LAUDERHILL FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WONG, NICOLE 4357 NW 69 TR. LAUDERHILL FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRICHTOW, RENEE 4367 NW 69 TR. LAUDERHILL FL 33319	☒ 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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR