

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 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
1st MOORE	CR2E037 (10/04)
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 CALDERAZZO, JAMES C/O J&L PROPERTY MGMT 10191 W. SAMPLE RD. SUITE 203 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

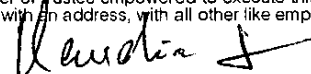
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) **DATE** _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME ODLE, CLANDIA STREET ADDRESS 6915 SIENNA CLUB PL CITY-ST-ZIP LAUDERHILL FL 33319	☐ Delete	TITLE 0 NAME LOWE, JENESSA STREET ADDRESS 4373 NW 69 TR CITY-ST-ZIP LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE VP NAME JOHNSON, TRACEY STREET ADDRESS 6761 SIENNA CLUB PL CITY-ST-ZIP LAUDERHILL FL 33319	☒ Delete	TITLE 0 NAME SAGE, MARIE STREET ADDRESS 6747 SIENNA CLUB DR CITY-ST-ZIP LAUDERHILL FL 33319	☐ Change ☐ Addition
TITLE S NAME CALATCHI, AVON STREET ADDRESS 6732 SIENNA CLUB PL CITY-ST-ZIP FORT LAUDERDALE FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME BORDONARO, JIM STREET ADDRESS 6740 SIENNA CLUB PL CITY-ST-ZIP LAUDERHILL FL 33319	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME WONG, NICOLE STREET ADDRESS 4357 NW 69 TR CITY-ST-ZIP LAUDERHILL FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CRICHTOW, RENEE STREET ADDRESS 4367 NW 69 TR CITY-ST-ZIP 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____