## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007982

FILED Jan 14, 2009 Secretary of State

Entity Name: SIENNA CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** J&L PROPERTY MGMT INC 10191 W. SAMPLE RD. #203 CORAL SPRINGS, FL 33065 **New Mailing Address: Current Mailing Address:** J&L PROPERTY MGMT INC 10191 W. SAMPLE RD. #203 CORAL SPRINGS, FL 33065 FEI Number: 65-1088189 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROUGH, CHADROW & LEVINE, PA 1900 N CÓMMERCE PRKWY FORT LAUDERDALE, FL 33326 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SOLES, MELYSSA SOLES, MELYSSA Name: Name: 6809 SIENNA CLUB PLACE Address: 6809 SIENNA CLUB PLACE Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: LAUDERHILL, FL 33319 Title: ( ) Delete Title: () Change () Addition LOWE, VANESSA Name: Name: Address: 4373 NW 69TH TERRACE Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition LINDESAY, COLLETA Name: Name: 6777 STENNA CLUB PLACE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WONG, NICOLENE Name: 4357 NW 69 TERRACE Address: Address: City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HO, JUAN TAVARES, DOREEN Name: Name: 4352 NW 69TH TERR 4371 NW 69TH TERR Address: Address: FORT LAUDERDALE, FL 33319 FORT LAUDERDALE, FL 33319 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN TAVARES D 01/14/2009