


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90014 022 ****61.25

DOCUMENT # N02000002589	
1. Entity Name SIENNA RIDGE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business J&L PROPERTY MGMT INC. 203 10191 W SAMPLE RD. CORAL SPRINGS FL 33065	Mailing Address J&L PROPERTY MGMT INC. 203 10191 W SAMPLE RD. CORAL SPRINGS FL 33065
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-1088188	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMES CALDONGZZO C/O J&L PROPERTY MGMT INC. 10191 V. SAMPLE RD. 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
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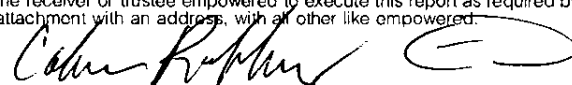
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D NAME LAWRENCE, MAGUS STREET ADDRESS 7200 SIENNA RIDGE DR CITY-ST-ZIP FORT LAUDERDALE FL 33319	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY NAME SEAN GROSVENER STREET ADDRESS 4351 NW 71st TERRACE CITY-ST-ZIP LAUDERHILL, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME JONES, ELIAS STREET ADDRESS 7241 SIENNA RIDGE LANE CITY-ST-ZIP TAMARAC FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CRADOOR, WILLIAM STREET ADDRESS 7202 SIENNA RIDGE LN CITY-ST-ZIP LAUDERDALE FL 33319	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME ROBBINS, CALVIN STREET ADDRESS 4358 NW 71 TR. CITY-ST-ZIP LAUDERHILL FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DAVIS, NOVALETTE STREET ADDRESS 4345 NW 71 TR CITY-ST-ZIP LAUDERDALE FL 33319	<input type="checkbox"/> Delete	TITLE VICE PRESIDENT NAME NOVALETTE DAVIS STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **5/15/07 954-753-7166 x111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #