2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 21, 2003 8:00 am
Secretary of State
02-03-2003 90103 003 ****61.25

DOCUMENT # N02000002589

1. Entity Name
SIENNA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4788 W COMMERCIAL BLVD TAMARAC FL 33319	4788 W COMMERCIAL BLVD TAMARAC FL 33319

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
J&L Property Mgmt Inc	J&L Property Mgmt Inc
Suite, Apt. #, etc.: 203 10191 W. Sample Rd	Suite, Apt. #, etc.: 203 10191 W. Sample Rd
City & State: Coral Springs FL	City & State: Coral Springs FL
Zip: 33065 Country: Broward	Zip: 33065 Country: Broward

4. FEI Number: 65-1088188 ☐ 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
SCHACK, EDWARD J 4788 W COMMERCIAL BLVD TAMARAC FL 33319	Name: James Goldwasser Street Address (P.O. Box Number is Not Acceptable): c/o J&L Property Mgmt Inc. 10191 W. Sample Rd City: Coral Springs FL Zip Code: 33065

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: _____ 1/7/03
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

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	D SCHACK, MICHAEL 4788 W COMMERCIAL BLVD TAMARAC FL 33319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC TRES Tanya Smiley 7155 Sienna Ridge Dr Lauderhill FL 33319	☐ Change ☒ Addition
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	PRES D Carlos Campos 4355 NW 71 Ter Lauderhill FL 33319	☐ Change ☒ Addition
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	TRES D Celes Jones 7111 Sienna Ridge Lane Lauderhill FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER MADELGE PAULK 7222 SIENNA RIDGE LANE LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALVIN ROBBINS 4356 NW 71 TR LAUDERHILL FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHELE LICKA 7220 SIENNA RIDGE DR 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)