

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90009 036 ****61.25

DOCUMENT # N02000003143					
1. Entity Name SIENA AT MIROMAR LAKES NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US			Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 10450 VIA BALESTRI DRIVE Suite, Apt. #, etc.		3. Mailing Address 10450 VIA BALESTRI DRIVE Suite, Apt. #, etc.			
City & State MIROMAR LAKES, FL Zip: 33913 Country: US		City & State MIROMAR LAKES, FL Zip: 33913 Country: US		4. FEI Number 73-1646687	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR SUITE 206 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: MARVIN MERVES Street Address (P.O. Box Number is Not Acceptable): 10450 VIA BALESTRI DRIVE City: MIROMAR LAKES FL Zip Code: 33913		
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: <u>Marvin Merves</u> MARVIN MERVES DATE: 2/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERVES, MARVIN 10450 VIA BALESTRI DRIVE MIROMAR LAKES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPACK, JANICE 10420 VIA BALESTRI DRIVE MIROMAR LAKES, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANK, DAVID 10440 VIA BALESTRI DRIVE MIROMAR LAKES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLENBURG, THOMAS 10395 VIA BALESTRI DRIVE MIROMAR LAKES, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERWOOD, JOHN 10485 VIA BALESTRI DRIVE MIROMAR LAKES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REFKIN, MARTHA 10435 VIA BALESTRI DRIVE MIROMAR LAKES, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, ALAN 10410 VIA BALESTRI DRIVE MIROMAR LAKES, FL 33913	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>David Frank</u> David Frank Sec			Date: 2/20/08		Daytime Phone #: 239-454-6596