

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90013 043 ****61.25

DOCUMENT # N05000000351	
1. Entity Name SIENA AT CELEBRATION MASTER ASSOCIATION, INC.	

Principal Place of Business 745 SIENA PALM DRIVE CELEBRATION, FL 34747	Mailing Address 745 SIENA PALM DRIVE CELEBRATION, FL 34747
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DO NOT WRITE IN THIS SPACE

40033100



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2304138	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DURAN, REBECCA 745 SIENA PALM DRIVE CELEBRATION, FL 34747
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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COLAN, RICHARD 745 SIENA PALM DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT HANZEL, SHARON 745 SIENA PALM DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SKIP, DIRIENZO 745 SIENA PALM DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GLSQUA Entity 3865 Approval [Signature]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

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: Sharon Hanzel 1/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #