

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

02-27-2008 90013 041 \*\*\*\*61.25

**DOCUMENT # N05000000352**

1. Entity Name

SIENA AT CELEBRATION CONDOMINIUM "A"  
ASSOCIATION, INC.



Principal Place of Business

745 SIENA PALM DRIVE  
CELEBRATION, FL 34747

Mailing Address

745 SIENA PALM DRIVE  
CELEBRATION, FL 34747

40033784



**DO NOT WRITE IN THIS SPACE**

01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

20-2304225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, RICHARD E  
55 EAST PINE STREET  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HANZEL, BRUCE 745 SIENA PALM DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT PRICHARD, DAVID 745 SIENA PALM DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DIRIENZO, SKIP 745 SIENA PALM DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Entity 3866 Approval [Signature]
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/08