2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N05000000352

Entity Name: SIENA AT CELEBRATION CONDOMINIUM "A" ASSOCIATION, INC.

Current Principal Place of Business:

745 SIENA PALM DRIVE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

745 SIENA PALM DRIVE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-2304225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RUIZ, JOSE A
SIENA AT CELEBRATION CONDOMINIUM
745 SIENA PALM DRIVE
CELEBRATION, FL 34747 US

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.

SIGNATURE: JOSE A. RUIZ 02/11/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HANZEL, BRUCE
Address: 745 SIENA PALM DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: DVT ( ) Delete
Name: PRICHARD, DAVID
Address: 745 SIENA PALM DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: DS (X) Delete
Name: DIRIENZO, SKIP
Address: 745 SIENA PALM DRIVE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: DIRIENZO, SKIP
Address: 745 SIENA PALM DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. RUIZ LCAM 02/11/2009
Electronic Signature of Signing Officer or Director Date