

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008381

FILED
Oct 28, 2008
Secretary of State

Entity Name: SIENA TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

417 S DELAWARE AVE.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:
1101 W DELEON STREET
TAMPA, FL 33606

New Mailing Address:
C/O MAZZACURATI
TAMPA, FL 33601

P.O. BOX 558

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: **Name and Address of New Registered Agent:**

CAROTHERS, C GRAHAM JR
101 E KENNEDY BLVD
SUITE 2800
TAMPA, FL 33602 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: GRAHAM CAROTHERS JR.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP Delete
Name: MAZZACURATI, LUCA
Address: 1101 W DELEON STREET
City-St-Zip: TAMPA, FL 33606

Title: DVST Delete
Name: MAZZACURATI, ALEXANDRA
Address: 1101 W DELEON STREET
City-St-Zip: TAMPA, FL 33606

Title: D Delete
Name: LAURICELLA, GIOVANNA
Address: 1101 W DELEON STREET
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP Change Addition
Name: MAZZACURATI, LUCA
Address: P.O. BOX 558
City-St-Zip: TAMPA, FL 33601

Title: DVST Change Addition
Name: MAZZACURATI, ALEXANDRA
Address: P.O. BOX 558
City-St-Zip: TAMPA, FL 33601

Title: D Change Addition
Name: LAURICELLA, GIOVANNA
Address: C/O MAZZACURATI P.O. BOX 558
City-St-Zip: TAMPA, FL 33601

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: ALEXANDRA MAZZACURATI

DVST

10/28/2008

Electronic Signature of Signing Officer or Director

Date