

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008381

FILED
Mar 22, 2009
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:

C/O MAZZACURATI P.O. BOX 558
TAMPA, FL 33601

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAZZACURATI, ALESSANDRA
P. O. BOX 558
TAMPA, FL 33601 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: A. MAZZACURATI

03/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MAZZACURATI LUCA

DP

03/22/2009

Electronic Signature of Signing Officer or Director

Date