2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90185 018 ****61.25

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02092005 Chg-NP CR2E037 (10/03)

DOCUMENT # N30905

1. Entity Name
SIENNA VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O EXCEL MANAGEMENT ASSOCIATES, INC. 275 FONTAINEBLEAU BLVD., SUITE 140 MIAMI, FL 33172 US	C/O EXCEL MANAGEMENT ASSOCIATES, INC. 275 FONTAINEBLEAU BLVD., SUITE 140 MIAMI, FL 33172 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0173330 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, ELIANA
C/O EXCEL MANAGEMENT
275 FONTAINBLEAU BLVD # 140
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name ALVAREZ, ELIANA
Street Address (P.O. Box Number is Not Acceptable) Excel Management Assoc.
275 Fontainbleau Blvd. #140
City Miami FL Zip Code 33172

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 AS AGENT FOR THE ASSOCIATION
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COMIN, RAUL 14305 SW 57 LANE # 11 MIAMI, FL 33183	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Abels, Juegen 14360 S.W. 57 Ln. # 204 Miami, Fl. 33183	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FERNANDEZ, FERNANDO 14355 NW 57 LANE # 12 MIAMI, FL 33183	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ballina, Diego 14340 S W 57 Ln. #9 Miami, Fl. 33183	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BORREGO, RAUL 14340 SW 57 LANE #10 MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMBOGLIA, ANED 14260 SW 57 LANE # 201 MIAMI, FL 33183	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Suarez, Elba 14345 SW 57 Ln. #10 Miami, Fl. 33183	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BALLINA, DIEGO 14340 SW 57 LANE #9 MIAMI, FL 33183	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BALLINA, DIEGO 14355 SW 57 LANE # 9 MIAMI, FL 33183	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Lamboglia, Aned 14260 SW 57 Ln. #201 Miami, Fl. 33183	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/7/05 305-207-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #