

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N93000000257

**FILED**  
**Oct 05, 2004**  
**Secretary of State****Entity Name:** SIENNA FOREST OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**P O BOX 600374  
JACKSONVILLE, FL 32260 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 600374  
JACKSONVILLE, FL 32260 US**New Mailing Address:****FEI Number:** 59-3364948**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ABBOTT, DOREEN  
11821 TANYA TERR EAST  
JACKSONVILLE, FL 32223 US**Name and Address of New Registered Agent:**BOLSER, PATTI  
11878 TANYA TERRACE EAST  
JACKSONVILLE, FL 32223 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: PATTI BOLSER

10/05/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: ABBOTT, DOREEN  
Address: 11821 TANYA TERR EAST  
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD ( ) Delete  
Name: BOLSER, PATTI  
Address: 11878 TANYA TERRACE EAST  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD ( ) Delete  
Name: GEORGE, ANN  
Address: 11829 TANYA TERR E  
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BOLSER, PATTI  
Address: 11878 TANYA TERRACE EAST  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD (X) Change ( ) Addition  
Name: SERFILIPPI, GERALD  
Address: 11892 TANYA TERRACE EAST  
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition  
Name: WATERS, NINA  
Address: 11828 TANYA TERRACE EAST  
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD ( ) Change (X) Addition  
Name: JENKINS, LISA  
Address: 2773 CARLENE COURT  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA JENKINS

TD

10/05/2004

Electronic Signature of Signing Officer or Director

Date