

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000257

FILED
Apr 29, 2005
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:

BOLSER, PATTI
11878 TANYA TERRACE EAST
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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:

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

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 D JENKINS

TD

04/29/2005

Electronic Signature of Signing Officer or Director

Date