

N99000004309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

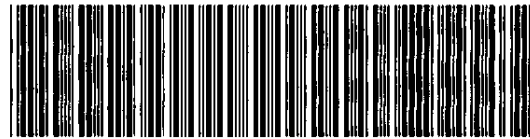
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*PAID 8/3/11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Siena Lakes Homeowners Assn., Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N99000004309

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guy M. Shir, Esq.  
Name of Contact Person

Kahan Shir PL  
Firm/Company

1800 NW Corporate Boulevard, Suite 200  
Address

Boca Raton, FL 33431  
City/State and Zip Code

GShir@kahanshir.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guy M. Shir at ( 561 ) 999-5999  
Name of Contact Person Area Code & Daytime Telephone Number

~~Enclosed is a \$35.00 check made payable to the Department of State.~~

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2010

SUE JORDAHL  
1800 N.W. CORPORATE BLVD.  
SUITE 200  
BOCA RATON, FL 33431

SUBJECT: SIENA LAKES HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N99000004309

We have received your document for SIENA LAKES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 610A00015886

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Siena Lakes Homeowners Assn., Inc.

2. The principal office address: 3900 Woodlake Boulevard, Suite 309, Lake Worth, FL 33463

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/12/1999 Document number: N99000004309

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jay Steven Levine PA

3300 PGA Blvd Suite 530

Palm Beach Gardens, FL 33410

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Guy M. Shir, Esq.

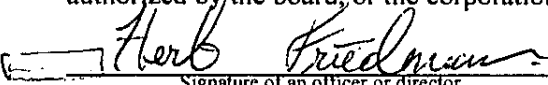
1800 NW Corporate Boulevard, Suite 200

P.O. Box NOT acceptable

Boca Raton, FL 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Signature of an officer or director

 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 Signature of Registered Agent

June 8, 2010

Date

If signing on behalf of an entity:

Guy M. Shir, Esq.

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314