

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006278

FILED
Jan 07, 2007
Secretary of State

Entity Name: LAKE SIENNA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

119 KINGS QUARRY LANE
ST. AUGUSTINE, FL 320807111

New Principal Place of Business:

Current Mailing Address:

119 KINGS QUARRY LANE
ST. AUGUSTINE, FL 320807111

New Mailing Address:

FEI Number: 04-3633902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, DANA
149 KINGS QUARRY LANE
SAINT AUGUSTINE, FL 32080 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: P () Delete
Name: KEEFE, WILLIAM
Address: 109 KINGS QUARRY LANE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S () Delete
Name: CUBBEDGE, TONY
Address: 141 KINGS QUARRY LANE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T () Delete
Name: BAKER, DANA E
Address: 149 KINGSQUARRY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP () Delete
Name: MILLS, GREG
Address: 157 KINGS QUARRY LANE
City-St-Zip: SAINT AUGUSTINE, FL 32080

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 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: DANA E BAKER

T

01/07/2007

Electronic Signature of Signing Officer or Director

Date