## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007977

Entity Name: SIENNA GREENS HOMEOWNERS ASSOCIATION, INC.

**FILED** May 27, 2022 **Secretary of State** 2284232374CC

## **Current Principal Place of Business:**

C/O REALMANAGE 9050 PINES BLVD SUITE 480 PEMBROKE PINES, FL 33024

## **Current Mailing Address:**

C/O REALMANAGE PO BOX 803555 DALLAS, TX 75380 US

FEI Number: 65-1088191 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VALANCY & REED, P.A. 310 SE 13TH STREET FORT LAUDERDALE, FL 33316 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: STEVEN VALANCY 05/27/2022

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

PARRISH, MELVIN WHEELER, STEVEN Name Name Address

C/O REALMANAGE Address C/O REALMANAGE

9050 PINES BLVD SUITE 480 9050 PINES BLVD SUITE 480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

Title **TREASURER** Title **SECRETARY** 

REYNOLDS, VERN ROCHE, CHRISTOPHER Name Name

C/O REALMANAGE C/O REALMANAGE Address Address

9050 PINES BLVD SUITE 480 9050 PINES BLVD SUITE 480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

WANCHOO, NIKHIL Name Name JONES, STACINA

Address C/O REALMANAGE Address C/O REALMANAGE 9050 PINES BLVD SUITE 480 9050 PINES BLVD SUITE 480

PEMBROKE PINES FL 33024 PEMBROKE PINES FL 33024 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Name LEWIN, REFA

Address C/O REALMANAGE

9050 PINES BLVD SUITE 480

PEMBROKE PINES FL 33024 City-State-Zip:

I hereby 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 all other like empowered.

05/27/2022 SIGNATURE: MELVIN PARRISH PRESIDENT

Date