2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007977

Entity Name: SIENNA GREENS HOMEOWNERS ASSOCIATION, INC.

FILED Apr 03, 2024 **Secretary of State** 1015058682CC

Current Principal Place of Business:

C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 103

CORAL SPRINGS, FL 33065

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 04/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

WHEELER, STEVEN Name PARRISH, MELVIN Name

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip:

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

Name REYNOLDS, VERN Name ROCHE, CHRISTOPHER

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE 103 103

CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name WANCHOO, NIKHIL Name JONES, STACINA

Address C/O REALMANAGE Address C/O REALMANAGE

> 11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 City-State-Zip: City-State-Zip:

Title **DIRECTOR** LEWIN, REFA Name

Address

11784 WEST SAMPLE ROAD SUITE

103

City-State-Zip: CORAL SPRINGS FL 33065

C/O REALMANAGE

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.

PRESIDENT 04/03/2024 SIGNATURE: MELVIN PARRISH