2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2020
Secretary of State
1449774059CC

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Entity Name: SIENNA RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MGMT
7124 N. NOB HILL ROAD
TAMARAC, FL 33321

Current Mailing Address:

C/O CONSOLIDATED COMMUNITY MGMT
7124 N. NOB HILL ROAD
TAMARAC, FL 33321 US

FEI Number: 65-1088188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENNINGS & VALANCY, P.A.
311 S.E. 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 03/20/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	TREASURER
Name	ELLIOTT, SANGAY	Name	GOLNER, BERNARDO DANIEL
Address	C/O CONSOLIDATED COMMUNITY MGMT 7124 N. NOB HILL ROAD	Address	C/O CONSOLIDATED COMMUNITY MGMT 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	PRESIDENT	Title	VP
Name	SPANN, DEBRA	Name	PUSEY, KURT R
Address	C/O CONSOLIDATED COMMUNITY MGMT 7124 N. NOB HILL ROAD	Address	C/O CONSOLIDATED COMMUNITY MGMT 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR	Title	SECRETARY
Name	TURNER, COLEEN	Name	HENRY, ANTOINETTE
Address	C/O CONSOLIDATED COMMUNITY MGMT 7124 N. NOB HILL ROAD	Address	C/O CONSOLIDATED COMMUNITY MGMT 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR		
Name	MCNABB, KURT		
Address	C/O CONSOLIDATED COMMUNITY MGMT 7124 N. NOB HILL ROAD		
City-State-Zip:	TAMARAC FL 33321		

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.

SIGNATURE: DEBRA SPANN PRES 03/20/2020

Electronic Signature of Signing Officer/Director Detail — Date