2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2018
Secretary of State
CC6836217419

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Entity Name: SIENNA RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CHOICE PROPERTY MANAGEMENT GROUP
6175 NW 153 STREET SUITE 403
MIAMI LAKES, FL 33014

Current Mailing Address:

C/O CHOICE PROPERTY MANAGEMENT GROUP
6175 NW 153 STREET SUITE 403
MIAMI LAKES, FL 33014 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 05/16/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	ISLAM, ZAHED	Name	MCNABB, KURT
Address	C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 153 STREET SUITE 403	Address	C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 153 STREET SUITE 403
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014
Title	TREASURER	Title	PRESIDENT
Name	GOLNER, DANIEL	Name	SPANN, DEBRA
Address	C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 153 STREET SUITE 403	Address	C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 153 STREET SUITE 403
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014
Title	VP	Title	SECRETARY
Name	PUSEY, KURT R	Name	TURNER, COLEEN
Address	C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 153 STREET SUITE 403	Address	C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 153 STREET SUITE 403
City-State-Zip:	MIAMI LAKES FL 33014	City-State-Zip:	MIAMI LAKES FL 33014
Title	DIRECTOR		
Name	LAWRENCE, MAGNUS		
Address	C/O CHOICE PROPERTY MANAGEMENT GROUP 6175 NW 153 STREET SUITE 403		
City-State-Zip:	MIAMI LAKES FL 33014		

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 PRESIDENT 05/16/2018

Electronic Signature of Signing Officer/Director Detail — Date