2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2025
Secretary of State
4160517693CC

DOCUMENT# N02000002589

Entity Name: SIENNA RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GRANT PROPERTY MANAGEMENT
851 BROKEN SOUND PARKWAY NW SUITE 102
BOCA RATON, FL 33487

Current Mailing Address:

C/O GRANT PROPERTY MANAGEMENT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321 US

FEI Number: 65-1088188

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 04/08/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY	Title	VP
Name	PUSEY, KURT R	Name	TURNER, COLEEN
Address	C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD	Address	C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	PRESIDENT	Title	TREASURER
Name	HENRY, ANTOINETTE	Name	GARRICKS, VINETTE
Address	C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD	Address	C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR	Title	DIRECTOR
Name	GROSVENOR, NICOLE	Name	SPENCE, MAXINE
Address	C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD	Address	C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321
Title	DIRECTOR	Title	DIRECTOR
Name	GREEN, AVA	Name	SHAD, HEWITT
Address	C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD	Address	C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321	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: HENRY , ANTOINETTE PRESIDENT 04/08/2025

Electronic Signature of Signing Officer/Director Detail — Date