


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90082 007 ****61.25

DOCUMENT # N0000000919 1. Entity Name SONOMA TOWNHOMES AT DORAL COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 14275 SW 142 AVE MIAMI, FL 33186 US		Mailing Address C/O THE CONTINENTAL GROUP LTD 12079 SW 131 AVENUE MIAMI, FL 33186	
2. Principal Place of Business 11981 SW 144 Ct Suite, Apt. #, etc. Ste #201 City & State Miami, FL Zip 33184 Country		3. Mailing Address 11981 SW 144 Ct Suite, Apt. #, etc. Ste #201 City & State Miami, FL Zip 33184 Country	
4. FEI Number 65-0986353		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATRICIA KIMBALL FLETCHER, P.A. C/O DUANE MORRIS & HECKSCHER LLP 200 S. BISCAYNE BLVD., SUITE 3410 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BROWN, KEVIN STREET ADDRESS 5763 NW 112 PASS CITY-ST-ZIP MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE PD NAME IGNACIO FILGUEIRA. STREET ADDRESS 5634 NW 112 PATH CITY-ST-ZIP MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME SEGREDO, XIMENA STREET ADDRESS 5726 NW 112 PATH CITY-ST-ZIP MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE TD NAME JOSE RODRIGUEZ STREET ADDRESS 5686 NW 112 PASS CITY-ST-ZIP MIAMI FL 33178	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME FIGUERIA, IGNACIO STREET ADDRESS 5634 NW 112 PATH CITY-ST-ZIP MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE SD NAME HUMBERTO MARANTE STREET ADDRESS 11257-NW 57 LANE CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME RODRIGUEZ, JOSE STREET ADDRESS 5656 NW 112 PASS CITY-ST-ZIP MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE VDP NAME XIMENA SEGREDO STREET ADDRESS 5726 NW 112 PATH CITY-ST-ZIP MIAMI FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/14/03	Daytime Phone # 305-710-7750

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