

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 05, 2006
Secretary of State**

DOCUMENT# N00000000919

Entity Name: SONOMA TOWNHOMES AT DORAL COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**275 FOUNTAIN BLEAU BLVD
200
MIAMI, FL 33160 US**New Principal Place of Business:**6925 NW 42 ST
MIAMI, FL 33166 US**Current Mailing Address:**275 FOUNTAIN BLEAU BLVD
200
MIAMI, FL 33160 US**New Mailing Address:**6925 NW 42 ST
MIAMI, FL 33166 US

FEI Number: 65-0986353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MARS, GARY ESQ.
150 WEST FLAGLER STREET, #2701
MIAMI, FL 33130 US**Name and Address of New Registered Agent:**FEIN, STEVEN ESQ.
900 SOUTH WEST 40 AVE
PLANTATION, FL 33317 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 FEIN

12/05/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: MALAVE, FAUSTO PD
Address: 275 FOUNTAINBLEAU BLVD, # 200
City-St-Zip: MIAMI, FL 33172Title: TD () Delete
Name: CHAUCA, ENRIQUE TD
Address: 275 FOUNTAINBLEAU BLVD, # 200
City-St-Zip: MIAMI, FL 33172Title: SD () Delete
Name: ABREU, GIOVANNA SD
Address: 275 FOUNTAINBLEAU BLVD, # 200
City-St-Zip: MIAMI, FL 33172Title: VPD (X) Delete
Name: PALACIO, CARLA VPD
Address: 275 FOUNTAINBLEAU BLVD, # 200
City-St-Zip: MIAMI, FL 33172Title: D (X) Delete
Name: LARIVA, EDITH D
Address: 275 FOUNTAINBLEAU BLVD, # 200
City-St-Zip: MIAMI, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: ABREU, GIOVANNA PD
Address: 6925 NW 42 ST
City-St-Zip: MIAMI, FL 33166 USTitle: TD (X) Change () Addition
Name: CHAUCA, ENRIQUE TD
Address: 6925 NW 42 ST
City-St-Zip: MIAMI, FL 33166 USTitle: SD (X) Change () Addition
Name: LA RIVA, EDITH SD
Address: 6925 NW 42 ST
City-St-Zip: MIAMI, FL 33166Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GIOVANNA ABREU

PD

12/05/2006

Electronic Signature of Signing Officer or Director

Date