

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000919

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: SONOMA TOWNHOMES AT DORAL COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6925 NW 42 ST  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

6925 NW 42 ST  
MIAMI, FL 33166 US

**New Mailing Address:**

FEI Number: 65-0986353      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FEIN, STEVEN ESQ.  
900 SOUTH WEST 40 AVE  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABREU, GIOVANNA M  
Address: 5635 NW 112 PATH  
City-St-Zip: MIAMI, FL 33178

Title: SD ( ) Delete  
Name: LA RIVA, EDITH SD  
Address: 6925 NW 42 ST  
City-St-Zip: MIAMI, FL 33166

Title: DT ( ) Delete  
Name: ENRIDUE, ABREY G  
Address: 5635 NW 112 PATH  
City-St-Zip: MIAMI, FL 33178

Title: DS ( ) Delete  
Name: NELSY, MARIN  
Address: 11200 N W 56ST.  
City-St-Zip: MIAMI, FL 33178

Title: DVP (X) Delete  
Name: EDITH, LARIVA  
Address: 5670 NW 113PL  
City-St-Zip: MIAMI, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: LA RIVA, EDITH  
Address: 5670 N.W. 113TH PLACE  
City-St-Zip: MIAMI, FL 33178

Title: TD (X) Change ( ) Addition  
Name: ABREU, ENRIQUE  
Address: 5635 NW 112 PATH  
City-St-Zip: MIAMI, FL 33178

Title: SD (X) Change ( ) Addition  
Name: MARIN, NELSY  
Address: 11200 N.W. 56TH STREET  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date