

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90032 023 ****61.25

DOCUMENT # N00000007986

1. Entity Name
SONOMA II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4788 W. COMMERCIAL BLVD.
TAMARAC, FL 33319**

Mailing Address
**SWIFT MANAGEMENT SOLUTIONS INC.
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071**

50017778



2. Principal Place of Business

1750 UNIVERSITY DR.

3. Mailing Address

Suite, Apt. #, etc.

205

02172005 Chg-NP CR2E037 (10/03)

City & State

CORAL SPRINGS, FL

City & State

Zip

Country

4. FEI Number
65-1088187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STREIT, THOMAS E
222 LAKEVIEW AVENUE, SUITE 400
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **SWIFT MANAGEMENT SOLUTIONS**

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SCHACK, MICHAEL**
STREET ADDRESS **4788 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **D** ☒ Delete
NAME **DELFINO, ALEJANDRO**
STREET ADDRESS **4788 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **D** ☒ Delete
NAME **LOPEZ, CARLOS**
STREET ADDRESS **4788 W. COMMERCIAL BLVD.**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **MULERO, GEORGE**
STREET ADDRESS **5418 NW 94 TERR.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **VP** ☐ Change ☒ Addition
NAME **GILGEOUS, BRIAN**
STREET ADDRESS **5406 NW 94 TERR.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **S** ☐ Change ☒ Addition
NAME **WALLACE, LIDIA**
STREET ADDRESS **5412 NW 94 TERR**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **T** ☐ Change ☒ Addition
NAME **KISO, WENDY**
STREET ADDRESS **5407 NW 95 AVENUE**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **D** ☐ Change ☒ Addition
NAME **CHAO, PEDRO**
STREET ADDRESS **5412 NW 94 TERR**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #