

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007986

FILED
Feb 25, 2010
Secretary of State

Entity Name: SONOMA II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1750 UNIVERSITY DR
205
CORAL SPRINGS, FL 33071

New Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MGMT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321

Current Mailing Address:

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

New Mailing Address:

C/O CONSOLIDATED COMMUNITY MGMT
7124 NORTH NOB HILL ROAD
TAMARAC, FL 33321

FEI Number: 65-1088187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR 205
POMPANO BEACH, FL 33071 US

Name and Address of New Registered Agent:

TUCKER & TIGHE
800 E. BROWARD BLVD
SUITE 710 - CUMBERLAND BLDG
FT LAUDERDALE, FL 33301 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: TOM TIGHE

02/25/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILSON, SPENCER
Address: 9408 NW 54 STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP
Name: DAWES, VINCENT
Address: 9448 NW 54 STREET
City-St-Zip: SUNRISE, FL 33351

Title: S
Name: WALLACE, LIDDIA
Address: 9432 NW 54 STREET
City-St-Zip: SUNRISE, FL 33351

Title: T
Name: ROBINSON, MARVA
Address: 9440 NW 54 STREET
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: RADIKA, JABODLIN
Address: 9424 NW 54 STREET
City-St-Zip: SUNRISE, FL 33351

Title: D
Name: RUIZ, GLORIA
Address: 5412 NW 94 TERRACE
City-St-Zip: SUNRISE, FL 33351

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: SPENCER WILSON

P

02/25/2010

Electronic Signature of Signing Officer or Director

Date