

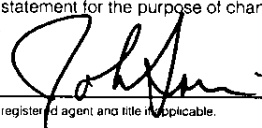
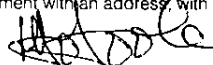


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90083 001 ***122.50

DOCUMENT # N04000002075 1. Entity Name SONESTA WALK HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.			
Principal Place of Business 6905N. WICKHAM ROAD SUITE 401 MELBOURNE, FL 32940 US		Mailing Address 1978 ROCKLEDGE BLVD SUITE 106 ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 645 Classic Court Suite, Apt. #, etc. Suite 104 City & State Melbourne, FL Zip Country 32940 Brevard	
			
		02152008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 20-0865301	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, BARBARA A 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name John Baric ESQ Street Address (P.O. Box Number is Not Acceptable) 6905 N. Wickham Rd Suite 501 City Melbourne FL Zip Code 32940	
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  Feb. 18, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 BARIN, DAVID <input checked="" type="checkbox"/> Delete	TITLE	PD FOLEY, TODD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6905 N. WICKHAM ROAD, SUITE 401	NAME	6905 N. WICKHAM ROAD, SUITE 401
STREET ADDRESS	MELBOURNE, FL 32940	STREET ADDRESS	MELBOURNE, FL 32940
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD MITCHELL, KENNETH R <input checked="" type="checkbox"/> Delete	TITLE	
NAME	6905 N. WICKHAM ROAD, SUITE 401	NAME	
STREET ADDRESS	MELBOURNE, FL 32940	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD CURLES, TOM <input checked="" type="checkbox"/> Delete	TITLE	
NAME	6905 N. WICKHAM ROAD, SUITE 401	NAME	
STREET ADDRESS	MELBOURNE, FL 32940	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD O'TOOLE, HAZEL <input type="checkbox"/> Delete	TITLE	TSD O'TOOLE, HAZEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6905 N. WICKHAM ROAD, SUITE 401	NAME	6905 N. WICKHAM ROAD, SUITE 401
STREET ADDRESS	MELBOURNE, FL 32940	STREET ADDRESS	MELBOURNE FL 32940
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D REMSON, NANCY <input type="checkbox"/> Delete	TITLE	VD REMSON, NANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	870 LUMINARY CIRCLE #104	NAME	870 LUMINARY CIRCLE #104
STREET ADDRESS	MELBOURNE, FL 32901	STREET ADDRESS	MELBOURNE FL 32901
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  HAZEL O'TOOLE 2/19/08 321-757-9597 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			