2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mailing Address

DOCUMENT # N0400002075

Principal Place of Business

1. Entity Name
SONESTA WALK HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

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

02-28-2008 90083 001 ***122.50

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,	02152008 Chg-NP CR2E037 (12	2/06)		
۲,	4. FEI Number	Applied For		
16	20-0865301	Not Applicabl		
evard		5 Additional tequired		
7. Name and Address of New Registered Agent				
Name 5	ohn Baric ESQ			

6905N. WICKHAM ROAD SUITE 401 MELBOURNE, FL 32940 US		1978 ROCKLEDGE BLVD SUITE 106 ROCKLEDGE, FL 32955		00001700		
	ce of Business - No P.O. Box #	3. Mailing Address .	esia Pal			
Suite, Apt. #, etc.		UAS Classic Court Suite, Apt, #, etc. Suite 104		02152008 Chg-NP CR2E037 (12/06)		
City & State		City & State	Q.FL	4. FEI Number Applied For 20-0865301 Not Applied		
Zip	Country	32940	Brevard	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		
<u> </u>	6. Name and Address of Current Re	egistered Agent_		7. Name and Address of New Registered Agent		
BURKE, BARBARA A 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Add	John Baric ESQ dress (P.Q. Box Number is Not Acceptable) 1905 N. Down Rd		
			City	20100400 FL 32994		
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 and title inapplicable. (NOTE: Registered Agent signature required when reinstating) DATE:						
_	ue by May 1, 2008	Trust Fund Co		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE F	PD) Delete		P → Change 💆 Addit		
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STREET ADDRESS 6905 N. WICKHAM ROAD, SUITE 401						
CITY-ST-ZIP MELBOURNE, FL 32940		401	STREET ADDRESS	6905 N. WICKHAM ROAD, SUITE 401		
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of the corporation of 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.

CIC	MATI	JRE:
313	INAIL	JKE.

HAZEL O'TOOLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08

321-757-9597

Daytime Phone #