
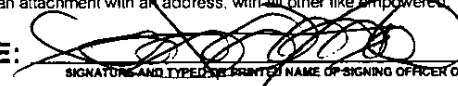


FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90033 045 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002283					
1. Entity Name SONARA AT MALIBU BAY NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175			Mailing Address 13055 SW 42 STREET SUITE 203 MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01222008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
4. FEI Number 20-0826800		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			Name		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARA, DANIEL		NAME	Cesar Barzana	
STREET ADDRESS	3610 NE 15 DRIVE		STREET ADDRESS	1535 NE 35 AVENUE	
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARZANA, CESAR		NAME	Isabel M Fernandez	
STREET ADDRESS	1535 NE 35 AVENUE		STREET ADDRESS	1920 NE 30 AVENUE	
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARA, WILFREDO		NAME	Juan Gallo	
STREET ADDRESS	1615 NE 35 AVENUE		STREET ADDRESS	1900 NE 30 AVENUE	
CITY-ST-ZIP	HOMESTEAD, FL 33033		CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 3/28/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		