

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002283

FILED
Feb 12, 2009
Secretary of State

Entity Name: SONARA AT MALIBU BAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1020NE 34 AVENUE
HOMESTEAD, FL 33033

New Principal Place of Business:

1020 NE 34 AVENUE
HOMESTEAD, FL 33033

Current Mailing Address:

13055 SW 42 STREET
SUITE 203
MIAMI, FL 33175

New Mailing Address:

C/O THE CONTINENTAL GROUP, INC.
11981 SW 144 CT STE# 201
MIAMI, FL 33186

FEI Number: 20-0826800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHMACHTENBERG, LEE C
1533 SUNSET DRIVE
SUITE 201
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARZANA, CESAR
Address: 1535 NE 35 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: TS () Delete
Name: FERNANDEZ, ISABEL M
Address: 1920 NE 36 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: VP () Delete
Name: GALO, JUAN
Address: 1940 NE 36 AVE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: SACCHETTI, GINA
Address: 1575 NE 35 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GALO, JUAN
Address: 1940 NE 36 AVE
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUAN GALO

PD

02/12/2009

Electronic Signature of Signing Officer or Director

Date