

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90440 013 ****61.25



DOCUMENT # N05000001909
 1. Entity Name
SONOMA SOUTHSIDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 2601 S BAYSHORE DRIVE SUITE 200
 MIAMI, FL 33133

Mailing Address
 396 ALHAMBRA CIRCLE
 SUITE #230
 CORAL GABLES, FL 33134

90030014



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 20-2471547

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SHEAR, DAVID
 FIELDSTONE LESTER SHEAR & DENBERG LLP
 201 ALHAMBRA CIRCLE SUITE 601
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 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

4-17-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete
NAME	GITLIN, BRIAN	
STREET ADDRESS	2601 S BAYSHORE DRIVE SUITE 200	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	CACHINERO, MICHELLE	
STREET ADDRESS	2601 S BAYSHORE DRIVE SUITE 200	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	TD ^{VP}	<input type="checkbox"/> Delete
NAME	DEBS, TONY	
STREET ADDRESS	2601 S BAYSHORE DRIVE SUITE 200	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debs, Tony	
STREET ADDRESS	2601 S Bayshore Drive suite 200	
CITY-ST-ZIP	Miami, FL 33133	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boyles, Carrie	
STREET ADDRESS	7746 southside Blvd #1808	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 powers.

SIGNATURE:

4-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #