NO 5000001909

`
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Stat back ck pur Succession on penalty may not have golden R-A. notice - whong address-

Office Use Only



600110989556

10/23/07--01060--001 **35.00

O7 OCT 31 PHIZ: 13
SECRETARY OF STATE
AHASSEE, FI ORID,

APPROVED AND FILED

R.A. Chorge

C. Coulillette OCT 3 1 2007

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sonoma Southside Condominium As
DOCUMENT NUMBER: NØ5ØØØØØ 1909
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
KW Property Waragemont
396 Alhambra Ciall, #230
Coral Gables, Fr 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 476-9188 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 25, 2007

VANESSA RUIZ KW PROPERTY MANAGEMENT 396 ALHAMBRA CIR., #230 CORAL GABLES, FL 33134

SUBJECT: SONOMA SOUTHSIDE CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N05000001909

We have received your document for SONOMA SOUTHSIDE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The subject entity was administratively dissolved or its certificate of authority was revoked for failure to appoint and maintain a registered agent. To reinstate the entity, please complete the enclosed form. The total fee due is \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 707A00062683

2007 OCT 31 AM 8: OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
1. The name of the corporation South Side Condo ASSOC, Inc.
2. The principal office address: 396 Albambra Circle, Sute # 230 Coral Galdes, F1 33134
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: NØ 5000001909
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
NONE SECRETARY TALLAHASS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Becker & Poliakoff Emerald Lake Corporate Park 3111 Strung Kd 133312
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Signature of an officer or director) Brian Citum - D (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Collaboration (Signature of Registered Agent)
If signing on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *