


05-15-2008 90027046 ***61.25
N05000001909

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001909 1. Entity Name SONOMA SOUTHSIDE CONDOMINIUM ASSOCIATION, INC.	
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FILED
08 MAY 23 PM 1:52

Principal Place of Business 7740 SOUTHSIDE BLVD JACKSONVILLE, FL 32256	Mailing Address 7740 SOUTHSIDE BLVD JACKSONVILLE, FL 32256
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40102705

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2471547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA ATTN: MARLENE KIRKLAND, ESQ. 2500 MAITLAND CENTER PKWY STE 209 MAITLAND, FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ DATE _____

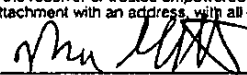
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD GITLIN, BRIAN	
STREET ADDRESS 2801 S BAYSHORE DRIVE SUITE 200		
CITY-ST-ZIP MIAMI, FL 33133		
TITLE NAME	V DEBS, TONY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2601 S BAYSHORE DRIVE SUITE 200		
CITY-ST-ZIP MIAMI, FL 33133		
TITLE NAME	S BOYLES, CARRIE	<input type="checkbox"/> Delete
STREET ADDRESS 7746 SOUTHSIDE BLVD #1808		
CITY-ST-ZIP JACKSONVILLE, FL 32256		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	V Regan Harock	
STREET ADDRESS 2601 S. Bayshore Drive Suite 200		
CITY-ST-ZIP Miami FL 33133		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.

SIGNATURE:  DATE: 4/29/09

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