
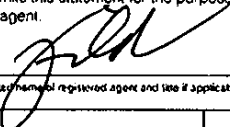
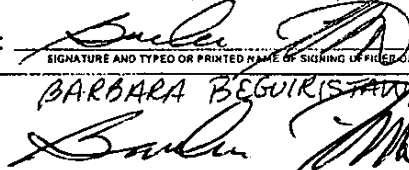


**2008 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 AM 9:49

DOCUMENT # N06000005288		
1. Entity Name SONOMA BAY COMMUNITY HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH, FL 33401		Name <b>GARY FIELDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>4400 PGA BLVD.</b> <b>SUITE 900</b> City <b>PALM BEACH GARDENS</b> FL Zip Code <b>33410</b>
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 <b>4/7/08</b>
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE
<b>FILE NOW!!! FEE IS \$297.50</b>		Make check payable to: Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD ADAMS, BRUCE 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD SHANNON, KARR 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>PD</b> <b>BARBARA BEGUIRISTAIN</b> <b>2121 PONCE DE LEON BLVD., PH</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD GREENBERG, KIM 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>VPD</b> <b>MAX CRUZ</b> <b>2121 PONCE DE LEON BLVD., PH</b> <b>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>REINSTATEMENT 07-08</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>3/12/08</b> 786-709-2257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date and Phone #
<b>BARBARA BEGUIRISTAIN PRESIDENT</b>		

700125355587  
04/23/08--01026--024 \*\*297.50



03122008 REIN-NP CR2E099 (1/07)

4. FEI Number  Applied For  
 Not Applicable

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

**B 4/10/08**  
**07-08**