

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007986

1. Entity Name

SONOMA II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4788 W. COMMERCIAL BLVD.
TAMARAC FL 33319

Mailing Address

4788 W. COMMERCIAL BLVD.
TAMARAC FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1088187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCHACK, EDWARD J
7954 PINES BLVD.
PEMBROKE PINES FL 33024

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHACK, MICHAEL
4788 W. COMMERCIAL BLVD.
TAMARAC FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELFINO, ALEJANDRO
4788 W. COMMERCIAL BLVD.
TAMARAC FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOPEZ, CARLOS
4788 W. COMMERCIAL BLVD.
TAMARAC FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01

Date

954-484-4800

Daytime Phone #

1

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90134 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)