

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002075

**Entity Name:** SONESTA WALK HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC3716057470****Current Principal Place of Business:**928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901**Current Mailing Address:**928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901 US**FEI Number: 20-0865301****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SPACE COAST PROPERTY MANAGEMENT OF BREVARD  
928 E. NEW HAVEN AVE.  
MELBOURNE, FL 32901 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	TREASURER
Name	SHARPE, JANETTE
Address	928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	VICE PRESIDENT
Name	CARRANO, JOE
Address	928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	SECRETARY
Name	REMSON, NANCY
Address	928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	PRES
Name	TOLOMEO, ROBERT
Address	928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

Title	DAL
Name	BARBER, PAUL
Address	928 E. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32901

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JANETTE SHARPE****TREASURER****04/23/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date