

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002283

FILED
Apr 28, 2017
Secretary of State
CC9447882642

Entity Name: SONARA AT MALIBU BAY NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

C/O 381 N. KROME AVENUE
SUITE 205
HOMESTEAD, FL 33033

Current Mailing Address:

C/O 381 N. KROME AVENUE
SUITE 205
HOMESTEAD, FL 33033 US

FEI Number: 20-0826800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL A. MCKENNA & ASSOCIATES, P.A.
703 WATERFORD WAY
SUITE 220
MIAMI, FL 33126 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 DIRECTOR, TREASURER
Name DURAN, ROSA
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030

Title SECRETARY, DIRECTOR
Name ROQUE, IDALIA
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030

Title VICE PRESIDENT, DIRECTOR
Name SACCHETTI, GINA
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030

Title PRESIDENT, DIRECTOR
Name FIORE, FRANK ANTHONY
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name FIGUEROA, MARIELA
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name QUINONES, MANUEL
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name LOPES, SERGIO
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name BELLOSO, JUAN CARLOS
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030

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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: FRANK A FIORE

P

04/28/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CANTO, THOMAS
Address 381 N KROME AVENUE #205
City-State-Zip: HOMESTEAD FL 33030