

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002283

FILED
Jan 11, 2024
Secretary of State
6476559080CC

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

Current Principal Place of Business:

C/O FLORIDA ADVANCED PROPERTIES, INC.
13501 SW 128 STREET, SUITE 111
MIAMI, FL 33186

Current Mailing Address:

P.O. BOX 770010
MIAMI, FL 33177 US

FEI Number: 20-0826800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION LAW GROUP
1200 BRICKELL AVE. PH 2000
MIAMI, FL 33131 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: JENNIFER JAMES

01/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LOPES, SERGIO
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177

Title DIRECTOR
Name DURAN, ROSA
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177

Title DIRECTOR
Name FIORE, FRANK ANTHONY
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177

Title SECRETARY
Name FIGUEROA, MARIELA
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177

Title VP
Name QUINONES, MANUEL
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177

Title DIRECTOR
Name COWARD, ANNA
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177

Title PRESIDENT
Name WILKERSON, SY
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177

Title DIRECTOR
Name RODRIGUEZ, SAMUEL
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177

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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: SY WILKERSON

PRESIDENT

01/11/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DELLAN, AJ
Address P.O. BOX 770010
City-State-Zip: MIAMI FL 33177