

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003869

Entity Name: SONOMA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**10191 W. SAMPLE ROAD
SUITE 203
CORAL SPRINGS, FL 33065**Current Mailing Address:**10191 W. SAMPLE ROAD
SUITE 203
CORAL SPRINGS, FL 33065**FEI Number:** 65-0949109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**J&L MANAGEMENT
10191 W SAMPLE ROAD
SUITE 203
CORAL SPRINGS, FL 33065 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	P
Name	VELAZQUEZ, ANGEL
Address	5431 N.W. 93RD TERENCE
City-State-Zip:	SUNRISE FL 33351

Title	VP
Name	SOMMI, WILLIAM
Address	9344 NW 54TH ST
City-State-Zip:	SUNRISE FL 33351

Title	TREASURER
Name	CASON, NONA
Address	9397 NW 55TH STREET
City-State-Zip:	SUNRISE FL 33351

Title	DIRECTOR
Name	INTRIAGO, FREDDY
Address	5421 NW 93RD TERRACE
City-State-Zip:	SUNRISE FL 33351

Title	SECRETARY
Name	ANDERSON, KAREN
Address	9291 N.W. 88TH STREET
City-State-Zip:	SUNRISE FL 33381

Title	DIRECTOR
Name	VIRGIN, LAWRENCE
Address	5440 N.W.93RD TERRACE
City-State-Zip:	SUNRISE FL 33351

Title	DIRECTOR
Name	BROWN, KIRK
Address	9389 N.W. 54TH ST
City-State-Zip:	SUNRISE FL 33351

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: ANGEL VELAZQUEZ**PRESIDENT****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date