

2015 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	10191 W SAMPLE RD 203
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	SOMMI, WILLIAM
Address	10191 W SAMPLE RD 203
City-State-Zip:	CORAL SPRINGS FL 33065

Title	TREASURER
Name	CASON, NONA
Address	10191 W SAMPLE RD 203
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	INTRIAGO, FREDDY
Address	10191 W SAMPLE RD 203
City-State-Zip:	CORAL SPRINGS FL 33065

Title	SECRETARY
Name	ANDERSON, KAREN
Address	10191 W SAMPLE RD 203
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	VIRGIN, LAWRENCE
Address	10191 W SAMPLE RD 203
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	BROWN, KIRK
Address	10191 W SAMPLE RD 203
City-State-Zip:	CORAL SPRINGS FL 33065

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: KAREN ANDERSON

S

03/31/2015

Electronic Signature of Signing Officer/Director Detail_____
Date