

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767296 (7)
1. Corporation Name
SONOMA LAKE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 8321 SW 157 AVENUE, MAIMI FL 33193
Mailing Address: C/O THE CONTINTAL GP, 12079 SW 131 AVENUE, MAIMI FL 33186

3. Date incorporated or Qualified: 03/04/1983
3a. Date of Last Report: 03/22/1995
4. FEI Number: 22-2454119
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SKLRD, INC, 201 ALHAMBRA CIRCLE, SUITE 1102, CORAL GABLES FL 33134
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: TURNER, TINA STREET ADDRESS: 9485 SUNSET DR., SUITE A-230 CITY-ST-ZIP: MIAMI FL 33193	<input type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: VALCARCEL, GEORGE 1.3 STREET ADDRESS: 8331 SW 157 AVE. #408 1.4 CITY-ST-ZIP: MIAMI, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: MOSES, KATE STREET ADDRESS: 8311 SW 157 AVE #711 CITY-ST-ZIP: MIAMI FL 33193	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VPD 2.2 NAME: ACEVELO, LUIS 2.3 STREET ADDRESS: 8331 SW 157 AVE. #407 2.4 CITY-ST-ZIP: MIAMI, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: HUBER, ERIC STREET ADDRESS: 8321 SW 157 AVE. #803 CITY-ST-ZIP: MIAMI FL 33193	<input type="checkbox"/> DELETE	3.1 TITLE: SD 3.2 NAME: AMIGO, SUSAN 3.3 STREET ADDRESS: 8321 SW 157 AVE. #804 3.4 CITY-ST-ZIP: MIAMI, FL 33193	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SCHEK, DENISE STREET ADDRESS: 8311 SW 157 AVE. #812 CITY-ST-ZIP: MIAMI FL 33193	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HOOPER, ROBERT STREET ADDRESS: 8251 SW 157TH AVE., SUITE 111 CITY-ST-ZIP: MIAMI FL 33193	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Valcarcel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)