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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

8321 SW 157 AVENUE
MIAMI FL 33193

C/O THE CONTINTAL GP
12079 SW 131 AVENUE
MIAMI FL 33186-6475

3. Date Incorporated or Qualified
03/04/1983

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
22-2454119

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKLRD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME VALCARCEL, GEORGE
STREET ADDRESS 8331 SW 157 AVE. #408
CITY - ST - ZIP MIAMI FL

1.1 TITLE S Change Addition
1.2 NAME Jones, Lisa
1.3 STREET ADDRESS 8301 SW 157 Ave #206
1.4 CITY - ST - ZIP Miami, Florida

TITLE VPD DELETE
NAME ACEVELO, LUIS
STREET ADDRESS 8331 SW 157 AVE 407
CITY - ST - ZIP MIAMI FL

2.1 TITLE D Change Addition
2.2 NAME Acevedo, Luis
2.3 STREET ADDRESS 8331 SW 157 Ave #407
2.4 CITY - ST - ZIP Miami, Florida

TITLE TD DELETE
NAME HUBER, ERIC
STREET ADDRESS 8321 SW 157 AVE. #803
CITY - ST - ZIP MIAMI FL 33193

3.1 TITLE D Change Addition
3.2 NAME Huber, Eric
3.3 STREET ADDRESS 8321 SW 157 Ave #803
3.4 CITY - ST - ZIP Miami, Florida

TITLE D DELETE
NAME SCHEK, DENISE
STREET ADDRESS 8311 SW 157 AVE. #812
CITY - ST - ZIP MIAMI FL 33193

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D DELETE
NAME HOOPER, ROBERT
STREET ADDRESS 8251 SW 157TH AVE., SUITE 111
CITY - ST - ZIP MIAMI FL 33193

5.1 TITLE T Change Addition
5.2 NAME Coffey, Dale
5.3 STREET ADDRESS 8301 SW 157 Ave #201
5.4 CITY - ST - ZIP Miami, Florida

TITLE SD DELETE
NAME AMIGO, SUSAN
STREET ADDRESS 8321 SW 157 AVE. #804
CITY - ST - ZIP MIAMI FL

6.1 TITLE D Change Addition
6.2 NAME Montero, Carol
6.3 STREET ADDRESS 8311 SW 157 Ave #706
6.4 CITY - ST - ZIP Miami, Florida

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date: _____ Office Phone #: _____

CR2E037 (9/96)