

2004-23-04 01:14P

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2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000007986			
1. Entity Name: SONOMA II HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319		Mailing Address 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1088187		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHACK, EDWARD J 7954 PINES BLVD. PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, at its own request. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent must print complete name and address)			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SCHACK, MICHAEL 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	2/12/04 21037 003 61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DELFINO, ALEJANDRO 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D LOPEZ, CARLOS 4788 W. COMMERCIAL BLVD. TAMARAC, FL 33319 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<i>SM</i> 8/2/04 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Officer's Name _____	



Home Dynamics
Corporation

2 of 2

To: Michelle Mulligan
From: Sandra Goulston
Date: July 24, 2004
Regarding: Check #7305 for 2004 Annual Report(s)

The above fore mentioned check in the amount of \$413.75 was posted solely to:

- Sonoma Homeowners Association Doc ~~#N000000007986~~ ^{N99000003869}
Tracking #40002693.

We are requesting that you transfer money from this account per the following instructions:

- \$150.00 to Home Dynamics Sunrise Doc #P980000095690
Tracking #500026934
➤ \$141.25 to Home Dynamics Sunrise Doc #A98000002565
Tracking #100026934
➤ \$61.25 to Sonoma II Homeowners Association Doc
~~#N000000003869~~ ^{N99000003869} Tracking #40002693

Per our phone conversation on Wednesday, July 23, 2004, I am also requesting a waiver of any penalty fees that were associated with this posting error.

Thank You,

Sandra Goulston
Controller