

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90116 049 ****61.25

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1. Entity Name
SONOMA II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1750 UNIVERSITY DR
205
CORAL SPRINGS, FL 33071**

Mailing Address
**SWIFT MANAGEMENT SOLUTIONS INC.
1750 UNIVERSITY DR. #205
CORAL SPRINGS, FL 33071**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**SWIFT MANAGEMENT SOLUTIONS
222 LAKEVIEW AVENUE, SUITE 400
WEST PALM BEACH, FL 33401**

Name

Street Address **Swift Management Solutions**

1750 University Dr. #205

City

Coral Springs, FL 33071

FL

Zip Code

8. 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. 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 signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
P
MULERO, GEORGE
5418 NW 94 TERR
SUNRISE, FL 33351 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Pedro Dindarrea
5418 NW 94 Terr
SUNRISE, FL 33351 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GILGEIOUS, BRIAN
5406 NW 84 TERR
SUNRISE, FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Yael Naiman
5401 NW 95 Ave
SUNRISE, FL 33351 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WALLACE, LIDIA
5412 NW 94 TERR
SUNRISE, FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
JOE MATYUF
5400 NW 94 Terr
SUNRISE, FL 33351 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RISO, WENDY
5407 NW 95 AVENUE
SUNRISE, FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAT BAUGHER
9420 NW 55 STREET
SUNRISE, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHAO, PEDRO
5412 NW TERR
SUNRISE, FL 33351 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEIDY FEBLES
9411 NW 54 STREET
SUNRISE, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TREVOR FEAGIN
9416 NW 54 STREET
SUNRISE, FL ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Brian Gilgeous**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06
Date

954-224-5732
Daytime Phone #