

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90191 010 ****61.25

DOCUMENT # N00000007986 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DR 205 POMPANO BEACH, FL 33071				Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATYUF, JOE		NAME	Feagin, Trevor	
STREET ADDRESS	5400 NW 94TH TERRACE		STREET ADDRESS	9416 NW 54th Street	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILGEOS, BRIAN		NAME	Matyuf, Joe	
STREET ADDRESS	5406 NW 94 TERR		STREET ADDRESS	5400 NW 94th Terrace	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUGHER, PAT		NAME	Gilgeous, Brian	
STREET ADDRESS	9420 NW 55TH TERR		STREET ADDRESS	5406 NW 94th Terrace	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAS, GLORIA		NAME	Balogh, Attila	
STREET ADDRESS	5473 NW 95TH AVE		STREET ADDRESS	9431 NW 55th St.	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	Sunrise, FL 33351	
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	FEBLES, HEIDY		NAME		
STREET ADDRESS	9411 NW 54 ST		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	FEAGIN, TREVOR		NAME		
STREET ADDRESS	9416 NW 54 ST		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
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: <u>Trevor Feagin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	