2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N00000007986

Entity Name: SONOMA II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1750 UNIVERSITY DR
205
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1088187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR 205
POMPANO BEACH, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FEAGIN, TREVOR	
Address:	9416 NW 54TH STREET	
City-St-Zip:	SUNRISE, FL 33351	
Title:	VP	( ) Delete
Name:	MATYUF, JOE	
Address:	5400 NW 94TH TERRACE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	S	( ) Delete
Name:	BAUGHER, PAT	
Address:	9420 NW 55TH TERR	
City-St-Zip:	SUNRISE, FL 33351	
Title:	T	( ) Delete
Name:	CASAS, GLORIA	
Address:	5473 NW 95TH AVE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	D	( ) Delete
Name:	FEBLES, HEIDY	
Address:	9411 NW 54 ST	
City-St-Zip:	SUNRISE, FL 33351	
Title:	D	( ) Delete
Name:	GILGEOURUS, BRIAN	
Address:	5406 NW 94TH TERRACE	
City-St-Zip:	SUNRISE, FL 33351	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TREVOR FEAGIN P 01/23/2009

Electronic Signature of Signing Officer or Director — Date