


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90358 021 ****61.25

DOCUMENT # N02000008703

1. Entity Name
SONOMA DISTRICT ASSOCIATION, INC.



Principal Place of Business
**7380 MURRELL ROAD STE 201
 VIERA, FL 32940**

Mailing Address
**7380 MURRELL ROAD STE 201
 VIERA, FL 32940**



2. Principal Place of Business
 Suite, Apt. #, etc.
1331 Bedford Dr Suite 103
 City & State
Viera, FL
 Zip
32940 Country

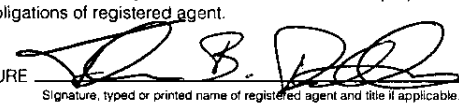
3. Mailing Address
 Suite, Apt. #, etc.
1331 Bedford Dr Suite 103
 City & State
Viera, FL
 Zip
32940 Country

04122005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**DECATOR, JAY A III
 7380 MURRELL ROAD STE 201
 VIERA, FL 32940**

7. Name and Address of New Registered Agent
 Name: **Dillon, Thomas B.**
 Street Address (P.O. Box Number is Not Acceptable)
1331 Bedford Dr Suite 103
 City **Viera** State **FL** Zip Code **32940**

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:  (NOTE: Registered Agent signature required when reinstating)

DATE: **4/14/05**

Filing Fee is \$61.25 Due by May 1, 2005

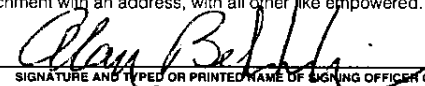
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHN, JUDITH C <input checked="" type="checkbox"/> Delete 7380 MURRELL ROAD STE 201 VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS HANLEY, RAPHAEL F <input checked="" type="checkbox"/> Delete 7380 MURRELL ROAD STE 201 VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARTELL, PAUL J <input checked="" type="checkbox"/> Delete 7380 MURRELL ROAD STE 201 VIERA, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rozzo, Ronald 5064 Pinot St. Viera, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bekkenhuis, ALAN 4261 Chardonney Dr. Viera, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gothard, Anthony 4915 Pinot St. Viera, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nowell, Roland 2319 Sonoma Way Viera, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brown, Anthony 4480 Chardonney Viera, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:  **Alan Bekkenhuis** 4/23/05 321-639-9165

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #