


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90319 038 ****61.25

DOCUMENT # N02000008703

1. Entity Name
 SONOMA DISTRICT ASSOCIATION, INC.




Principal Place of Business
 1331 BEDFORD DR, STE 103
 VIERA, FL 32940

Mailing Address
 1331 BEDFORD DR, STE 103
 VIERA, FL 32940

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04182008 Chg-NP CR2E037 (12/06)

4. FEI Number
 06-1661209 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DILLON, THOMAS B
 1331 BEDFORD DR, STE 103
 VIERA, FL 32940

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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	D	<input checked="" type="checkbox"/> Delete
NAME	BEKKENHUIS, ALAN	
STREET ADDRESS	4261 CHARDONNAY DR	
CITY-ST-ZIP	VIERA, FL 32955	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WELDON, MARY	
STREET ADDRESS	4730 CHARDONNAY DR	
CITY-ST-ZIP	VIERA, FL 32955	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	MANUEL, HERBERT	
STREET ADDRESS	4925 PINOT ST	
CITY-ST-ZIP	VIERA, FL 32955	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GOTHARD, TONY	
STREET ADDRESS	4915 PINOT ST	
CITY-ST-ZIP	VIERA, FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ASST DVP/SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bekkenhuis, Alan	
STREET ADDRESS	4261 Chardonnay Dr.	
CITY-ST-ZIP	Viera, FL 32955	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hebert, Manuel	
STREET ADDRESS	4925 Pinot St.	
CITY-ST-ZIP	Viera, FL 32955	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kauffman, Mick	
STREET ADDRESS	5104 Pinot St	
CITY-ST-ZIP	Viera, FL 32955	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gothard, Tony	
STREET ADDRESS	4915 Pinot St	
CITY-ST-ZIP	Viera, FL 32955	
TITLE	ASST DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crispand, Tony	
STREET ADDRESS	4766 merlot Dr.	
CITY-ST-ZIP	Viera, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Alan Bekkenhuis 4/21/08 321-777-7525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #