2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000008703

1. Entity Name
SONOMA DISTRICT ASSOCIATION, INC.



Apr 28, 2008 8:00 am Secretary of State

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

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Principal Place of Business 1331 BEDFORD DR, STE 103 VIERA, FL 32940		Mailing Address 1331 BEDFORD DR, STE 103 VIERA, FL 32940				
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2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address			\$85 00.10 10.11 18011 08 ED 11 1 81 100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182008 Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 06-1661209	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New R	egistered Agent	
DILLON THOMAS D			Name	Name		
DILLON, THOMAS B 1331 BEDFORD DR, STE 103 VIERA, FL 32940			Street Address	(P.O. Box Number is Not Acceptable)		
VICTO G I E	020 10					
			City		FL Zip Code	
		or the purpose of changing i	its registered office or regist	ered agent, or both, in the State of Flo	orida. I am familiar with, and accept	
the obligati	ons of registered agent.					
CIONATURE						
SIGNATURE _	Signature, typed or printed name of registered ager	at and title if applicable. (NC	OTE: Registered Agent signature requi	red when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	ľ	ampaign Financing	40.00 May 00 .	ake check payable to ida Department of State	
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1U.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 10	
10.	OFFICERS AND D	IRECTORS Delete			RS AND DIRECTORS IN 10 Addition	
			TITLE ASS	ST OVP/SEC Krenhuis, Alan	⊞ enange ☐ Addition	
TITLE	D BEKKENHUIS, ALAN 4261 CHARDONNAY DR		TITLE NAME STREET ADDRESS	ST OVP/SEC KKEN huis, Alan Lui Chardonnay Dr.	⊞ enange ☐ Addition	
TITLE NAME	D BEKKENHUIS, ALAN 4261 CHARDONNAY DR VIERA, FL 32955	□ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOVP/SEC Kkenhuis, Alan LGI Chardonnay Dr. Jera, FL 32955	∰ enange ☐ Addition	
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12. I hereby certify that the information supplied with this filling 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 all address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR