

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008703

FILED
Apr 11, 2009
Secretary of State

Entity Name: SONOMA DISTRICT ASSOCIATION, INC.

Current Principal Place of Business:

1331 BEDFORD DR, STE 103
VIERA, FL 32940

New Principal Place of Business:

1331 BEDFORD DR, STE 103
MELBOURNE, FL 32940

Current Mailing Address:

1331 BEDFORD DR, STE 103
VIERA, FL 32940

New Mailing Address:

1331 BEDFORD DR, STE 103
MELBOURNE, FL 32940

FEI Number: 06-1661209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FAIRWAY MANAGEMENT
1331 BEDFORD DR, STE 103
MELBOURNE, FL 32940 US

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: THOMAS DILLON

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: BEKKENHUIS, ALAN
Address: 4261 CHARDONNAY DR
City-St-Zip: VIERA, FL 32955

Title: DT () Delete
Name: HEBERT, MANUEL
Address: 4925 PINOT ST
City-St-Zip: VIERA, FL 32955

Title: DVP () Delete
Name: KAUFFMAN, MICK
Address: 5104 PINOT ST
City-St-Zip: VIERA, FL 32955

Title: DP () Delete
Name: GOTHARD, TONY
Address: 4915 PINOT ST
City-St-Zip: VIERA, FL 32955

Title: ADT (X) Delete
Name: CRISPANO, TONY
Address: 4766 MERLOT DR
City-St-Zip: VIERA, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: BEKKENHUIS, ALAN
Address: 4261 CHARDONNAY DR
City-St-Zip: VIERA, FL 32955

Title: TD (X) Change () Addition
Name: HEBERT, MANUEL
Address: 4925 PINOT ST
City-St-Zip: VIERA, FL 32955

Title: PD (X) Change () Addition
Name: GOTHARD, TONY
Address: 4915 PINOT ST
City-St-Zip: VIERA, FL 32955

Title: ATD (X) Change () Addition
Name: CRISPANO, TONY
Address: 4766 MERLOT DR
City-St-Zip: VIERA, FL 32955

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: TONY GOTHARD

PD

04/11/2009

Electronic Signature of Signing Officer or Director

Date