2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001909

FILED Apr 21, 2009 Secretary of State

Entity Name: SONOMA SOUTHSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 7740 SOUTHSIDE BLVD 7740 SOUTHSIDE BLVD JACKSONVILLE, FL 32256 CLUBHOUSE JACKSONVILLE, FL 32256 **Current Mailing Address:** New Mailing Address: 7740 SOUTHSIDE BLVD 7740 SOUTHSIDE BLVD JACKSONVILLE, FL 32256 CLUBHOUSE JACKSONVILLE, FL 32256 FEI Number: 20-2471547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKER & POLIAKOFF, PA ATTN: MARLENE KIRKLAND, ESQ. 2500 MAITLAND CENTER PKWY STE 209 MAITLAND, FL 32714 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GITLIN, BRIAN Name: Name: Address: 2601 S BAYSHORE DRIVE SUITE 200 Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

 $\begin{array}{lll} \mbox{Title:} & \mbox{V} & (\) \mbox{ Delete} \\ \mbox{Name:} & \mbox{HAROCK, REGAN} \end{array}$

Address: 2601 S BAYSHORE DRIVE SUITE 200

City-St-Zip: MIAMI, FL 33133

Title: S () Delete

 Name:
 BOYLES, CARRIE

 Address:
 7746 SOUTHSIDE BLVD #1808

 City-St-Zip:
 JACKSONVILLE, FL 32256

 $\begin{array}{lll} \mbox{Title:} & \mbox{S} & (\mbox{X}) \mbox{ Change () Addition} \\ \mbox{Name:} & \mbox{SAUNDERS, CARRIE} \\ \end{array}$

MAROCK, REGAN

MIAMI, FL 33133

(X) Change () Addition

2601 S BAYSHORE DRIVE SUITE 200

Address: 7740 SOUTHSIDE BLVD #1808 City-St-Zip: JACKSONVILLE, FL 32256

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: SHANNON KOLACZ MNGR 04/21/2009