

No5080001909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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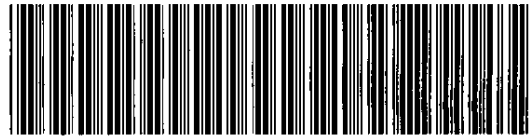
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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R.A. Chong  
C.COULLETTE

SEP 08 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sonoma Southside Condominium Association  
Name of Corporation

**DOCUMENT NUMBER:** NO5000001909

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Kolacz  
Name of Contact Person

Sonoma Southside Condominium Association  
Firm/Company

7740 Southside Blvd  
Address

Jacksonville FL 32256  
City/State and Zip Code

Skolacz@KWPropertyManagement.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Kolacz at (904) 641-4206  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Sonoma Southside Condominium Assoc.
- 2. The principal office address: 7746 Southside Blvd  
Jacksonville FL 32256
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2.23.2005 Document number: NO5000001909

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SEYDOR BOLIN, PL  
4804 W. Commercial Blvd  
fort Lauderdale FL 33319

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

McCabe Vaughn  
1001 Kings Avenue Suite #201  
Jacksonville FL 32207

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Carrie O. Saunders  
Signature of an officer or director

Carrie O. Saunders President  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michael J. McCabe  
X Signature of Registered Agent

8/20/2010  
X Date

If signing on behalf of an entity:

McCabe & Vaughn, P.A.  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*