

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003440

FILED
Apr 02, 2009
Secretary of State

Entity Name: SONOMA PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

25 E. SILVER SPRINGS BLVD
OCALA, FL 34470

New Principal Place of Business:

2123 SW 20TH PLACE
OCALA, FL 34471

Current Mailing Address:

25 E. SILVER SPRINGS BLVD
OCALA, FL 34470

New Mailing Address:

2123 SW 20TH PLACE
OCALA, FL 34471

FEI Number: 20-2760392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSSHARDT PROPERTY MGMT, INC.
25 E. SILVER SPRINGS BLVD
OCALA, FL 34470 US

Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MGMT, INC.
2123 SW 20TH PLACE
OCALA, FL 34471 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: GARRY H. GRIFFIN

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLMES, KEVIN
Address: 4226 SW 33RD STREET
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: BAILEY, LISA
Address: 4209 SW 33RD STREET
City-St-Zip: OCALA, FL 34474

Title: T () Delete
Name: SEXTON, EDWARD
Address: P.O. BOX 773196
City-St-Zip: OCALA, FL 34477

Title: S () Delete
Name: GUINTO, JIM
Address: 4204 SW 33RD STREET
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: JOHANSEN, CHAD
Address: 7634 SW 60 AVENUE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLMES, ADELIN
Address: 4226 SW 33RD STREET
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change () Addition
Name: DIPESA, RUSSELL
Address: 4209 SW 33RD STREET
City-St-Zip: OCALA, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, TAMMY
Address: 2123 SW 20TH PLACE
City-St-Zip: OCALA, FL 34471

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: ADELIN HOLMES

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date