

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003440

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** SONOMA PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2123 SW 20TH PLACE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2123 SW 20TH PLACE  
OCALA, FL 34471

**New Mailing Address:**

**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.  
2123 SW 20TH PLACE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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:**

**Title:** P  
**Name:** HOLMES, ADELINE  
**Address:** 4226 SW 33RD STREET  
**City-St-Zip:** Ocala, FL 34474

**Title:** VP  
**Name:** DIPESA, RUSSELL  
**Address:** 4209 SW 33RD STREET  
**City-St-Zip:** Ocala, FL 34474

**Title:** T  
**Name:** SEXTON, EDWARD  
**Address:** P.O. BOX 773196  
**City-St-Zip:** Ocala, FL 34477

**Title:** S  
**Name:** GUINTO, JIM  
**Address:** 4204 SW 33RD STREET  
**City-St-Zip:** Ocala, FL 34474

**Title:** D  
**Name:** SMITH, TAMMY  
**Address:** 2123 SW 20TH PLACE  
**City-St-Zip:** Ocala, FL 34471

I hereby 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 all other like empowered.

**SIGNATURE:** ADELINE HOLMES

P

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date