

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90038 027 \*\*\*\*61.25

**DOCUMENT # N29491**

1. Entity Name  
SONATA AT MISSION BAY ASSOCIATION, INC.



Principal Place of Business  
POINTE MANAGEMENT GROUP  
75 NE 6TH AVE. SUITE 206  
DELRAY BEACH, FL 33483 US

Mailing Address  
POINTE MANAGEMENT GROUP  
75 NE 6TH AVE. SUITE 206  
DELRAY BEACH, FL 33483 US

40001874



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1377091

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ESTEBANEZ, ERIC  
75 NE 6TH AVE  
206  
DELRAY BEACH, FL 33483

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE V  
NAME DELINOR, BENOIT  
STREET ADDRESS 10993 RAVEL CT  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE P  
NAME KAHN, JAMES  
STREET ADDRESS 10840 HAYDN DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE S  
NAME BELKNAP, JOHN  
STREET ADDRESS 20323 MONTEVERDI CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE T  
NAME ONTANO, RAUL  
STREET ADDRESS 20317 MONTEVERDI CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE D  
NAME TWAITE, JAMES  
STREET ADDRESS 10871 HAYDN DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE D  
NAME GUILLOTE, MIKE  
STREET ADDRESS 20311 MONTEVERDI CIR  
CITY-ST-ZIP BOCA RATON, FL 33498

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05

Date

Daytime Phone #