

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34182

FILED
Apr 30, 2007
Secretary of State

Entity Name: SONOMA LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PARK AVENUE PROPERTY MGMT, LLC
10961 BONITA BEACH ROAD
BONITA SPRINGS, FL 34182 US

New Principal Place of Business:

Current Mailing Address:

PARK AVENUE PROPERTY MGMT, LLC
10961 BONITA BEACH ROAD
BONITA SPRINGS, FL 34182 US

New Mailing Address:

FEI Number: 56-1706702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARK AVENUE PROPERTY MGMT, LLC.
10961 BONITA BEACH ROAD
BONITA SPRINGS, FL 34135 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 () Delete
Name: PACTER, GREG
Address: 5941 ALMADEN DR
City-St-Zip: NAPLES, FL 34119 US

Title: VS () Delete
Name: SIBERELL, LLOYD
Address: 5933 ALMADEN DR
City-St-Zip: NAPLES, FL 34119 US

Title: T () Delete
Name: SCHULTZ, ROBERT
Address: 5934 ALMADEN DR
City-St-Zip: NAPLES, FL 34119 US

Title: T () Delete
Name: PNIEWSKI, RICHARD
Address: 5902 ALMADEN DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GREG PACTER

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date