

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90198 005 ****61.25

DOCUMENT # N34182 1. Entity Name SONOMA LAKE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business PARK AVENUE PROPERTY MGMT, LLC 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34182 US		Mailing Address PARK AVENUE PROPERTY MGMT, LLC 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34182 US	
2. Principal Place of Business - No P.O. Box # <i>10 Deavers, Pittman & Flynn</i> 3920 Via Del Rey		3. Mailing Address <i>10 Deavers, Pittman & Flynn</i> 3920 Via Del Rey	
Suite, Apt. #, etc. Ste 3		Suite, Apt. #, etc. Ste 3	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34134		Zip 34134	
Country US		Country US	
4. FEI Number 56-1706702		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK AVENUE PROPERTY MGMT, LLC. 10961 BONITA BEACH ROAD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name J.E.M. Property Management Street Address (P.O. Box Number is Not Acceptable) 4833 Martinique Way City Naples FL Zip Code 34119	
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 <u><i>Jack Erickson</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACER, GREG 5941 ALMADEN DR NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SIBERELL, LLOYD 5933 ALMADEN DR NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHULTZ, ROBERT 5934 ALMADEN DR NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Schultz, Robert 5934 Almaden Rd Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PNIEWSKI, RICHARD 5902 ALMADEN DR NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pniewski, Richard 5902 Almaden Dr. Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Robert Schultz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	