

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34182

FILED
Mar 09, 2009
Secretary of State

Entity Name: SONOMA LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O VIAL DEL REY
STE. 3
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

C/O VIAL DEL REY
STE. 3
BONITA SPRINGS, FL 34134 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:

S.E.M. PROPERTY MGMT
4833 MARTINIQUE WAY
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

J.E.M. PROPERTY MGMT
4833 MARTINIQUE WAY
NAPLES, FL 34119 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: JACK ERICKSON

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: PRIEWSKI, RICHARD
Address: 5902 ALMADEN DRIVE
City-St-Zip: NAPLES, FL 34119

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHULTZ, ROBERT
Address: 5934 ALMADEN RD.
City-St-Zip: NAPLES, FL 34119 US

Title: VP/S (X) Change () Addition
Name: PNIEWSKI, RICHARD
Address: 5902 ALMADEN DRIVE
City-St-Zip: NAPLES, FL 34119

Title: TD () Change (X) Addition
Name: BRATEN, MARV
Address: 136 LIVERMORE LANE
City-St-Zip: NAPLES, FL 34119

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: ROBERT SCHULTZ

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date