

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008703

**Entity Name:** SONOMA DISTRICT ASSOCIATION, INC.

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC5293557548**

**Current Principal Place of Business:**

1331 BEDFORD DR  
STE 103  
MELBOURNE, FL 32940

**Current Mailing Address:**

1331 BEDFORD DR  
STE 103  
MELBOURNE, FL 32940

**FEI Number: 06-1661209**

**Certificate of Status Desired: No**

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

DILLON, THOMAS  
1331 BEDFORD DR  
STE 103  
MELBOURNE, FL 32940 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name HEBERT, MANUEL  
Address 1331 BEDFORD DR  
STE 103  
City-State-Zip: MELBOURNE FL 32940

Title VPD  
Name BELLAK, CHRISTINE  
Address 1331 BEDFORD DR  
STE 103  
City-State-Zip: MELBOURNE FL 32940

Title TD  
Name MCCREE, MARION  
Address 1331 BEDFORD DR  
STE 103  
City-State-Zip: MELBOURNE FL 32940

Title SD  
Name ROSE, SILVIA  
Address 1331 BEDFORD DR  
STE 103  
City-State-Zip: MELBOURNE FL 32940

Title ASST. TD, ASST. TREASURER  
Name LACEY, RICK  
Address 1331 BEDFORD DR  
STE 103  
City-State-Zip: MELBOURNE FL 32940

*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: MANUEL HEBERT**

**PD**

**04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date