

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008334

**FILED  
Apr 30, 2004  
Secretary of State**

**Entity Name:** SANTA BARBARA AT LAGUNA LAKES ASSOCIATION, INC.

**Current Principal Place of Business:**

3300 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SOUTHWEST PROPERTY MGMT.  
1044 CASTELLO DR.,#206  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 20-0278067      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SIMON, ERIC A  
2825 UNIVERSITY DRIVE  
SUITE 300  
CORAL SPRINGS, FL 33065

**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: PD ( ) Delete  
Name: SCHNEIDERMAN, MARC  
Address: 3300 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD ( ) Delete  
Name: CROWELL, MARYANN  
Address: 3300 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VSTD ( ) Delete  
Name: DIFORE, CORA  
Address: 3300 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CORA DIFIORE

VPST

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date