


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90368 028 ****61.25

DOCUMENT # N03000008334			
1. Entity Name SANTA BARBARA AT LAGUNA LAKES ASSOCIATION, INC.			
Principal Place of Business 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103 US		Mailing Address C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., #206 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # 6719 Winkler Rd		3. Mailing Address 6719 Winkler Rd	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33919	Country USA	Zip 33919	Country USA
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT CORP 2044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Alliant Property Management Street Address (P.O. Box Number is Not Acceptable) 6719 Winkler Rd Suite 200 City Fort Myers FL Zip Code 33919	
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 M. Lick Stroh <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE M. Lick Stroh 2-27-07 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 PD	GRAY, RICHARD <input checked="" type="checkbox"/> Delete	TITLE PD	Patricia Costigan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15359 LAGUNA HILLS DRIVE	NAME	9255 Paseo De Valencia St
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	Fort Myers, FL 33908
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	PARROTT, LYNN <input checked="" type="checkbox"/> Delete	TITLE VD	Marlene Waterspoon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15370 LAGUNA HILLS DRIVE	NAME	15350 Laguna Hills Dr.
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	Fort Myers, FL 33908
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE S	VELEZ, DAVID <input type="checkbox"/> Delete	TITLE	
NAME	15300 LAGUNA HILLS DRIVE	NAME	
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	GONCZY, DAVID <input type="checkbox"/> Delete	TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15699 LAGUNA HILLS DRIVE	NAME	
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	VON OHLSEN, JEANNE <input checked="" type="checkbox"/> Delete	TITLE	
NAME	15359 LAGUNA HILLS DRIVE	NAME	
STREET ADDRESS	FORT MYERS, FL 33908	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Tom Borey
STREET ADDRESS		STREET ADDRESS	15562 Acton
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33908
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: Patricia J. Costigan		3-7-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	