

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008334

FILED  
Mar 29, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT,LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT,LLC  
6719 WINKLER ROAD, SUITE 200  
FORT MYERS, FL 33919 US

**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:**

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER ROAD  
SUITE 200  
FORT MYERS, FL 33919 US

**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: SD  
Name: COSTIGAN, PATRICIA  
Address: 9255 PASEO DE VALENCIA STREET  
City-St-Zip: FORT MYERS, FL 33908

Title: VPD  
Name: HUFF, DALE  
Address: 9250 PASEO DE VALENCIA ST.  
City-St-Zip: FORT MYERS, FL 33908

Title: PD  
Name: BUSA, JONATHAN  
Address: 15540 LAGUNA HILLS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: SURA, KEVIN  
Address: 15646 ALTON DR.  
City-St-Zip: FORT MYERS, FL 33908

Title: TD  
Name: GONCZY, DAVID  
Address: 15699 LAGUNA HILLS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

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: DAVID GONCZY

TD

03/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date