

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008334

FILED
Jan 17, 2012
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: PD
Name: SURA, KEVIN
Address: 15646 ALTON DR.
City-St-Zip: FORT MYERS, FL 33908

Title: VPD
Name: PILETTE, YVAN
Address: 9369 LOS ALISOS WAY
City-St-Zip: FORT MYERS, FL 33908

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

Title: D
Name: COSTIGAN, PATRICIA
Address: 9255 PASEO DE VALENCIA ST.
City-St-Zip: FORT MYERS, FL 33908

Title: D
Name: FLYNN, PATRICIA
Address: 9259 PASEO DE VALENCIA ST.
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

TS

01/17/2012

Electronic Signature of Signing Officer or Director

Date