2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000002605

FILED Jan 12, 2006 Secretary of State

Entity Name: SANTORINI VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

STOCK COMMUNITY SVCS. SDA MANAGMENT SERVICES

STE. 300 P.O. BOX 990222

NAPLES, FL 34103 NAPLES, FL 34116

Current Mailing Address: New Mailing Address:

4501 TAMIAMI TRL N SDA MANAGEMENT SERVICE

STE. 300 P.O. BOX 990222 NAPLES, FL 34103 P.O. BOX 991222 NAPLES, FL 34116

FEI Number: 59-3590725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

New Principal Place of Business:

STOCK COMMUNITY SVCS., LLC

BANK AMERICA CENTER

4501 TAMIAMI TRL N, STE. 300

NAPLES, FL 34103 US

ADAMCZYK, MARK

SUITE 103 WACHOVIA BUILDING

5801 PELICAN BAY BOULEVARD

NAPLES, FL 34108 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: MARK E. ADAMCZYK 01/12/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: PRES (X) Change() Addition

Name: BLACK, BRAD Name: DININO, JOHN
Address: 4501 TAMIAMI TRAIL NO #300 Address: 3155 SANTORINI CT.

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34119

Title: DVP () Delete Title: TREA (X) Change () Addition

 Name:
 HOULDSWORTH, SANDRS
 Name:
 JOHNSON, GORDON

 Address:
 4501 TAMIAMI TRAIL NO #300
 Address:
 3150 SANTORINI CT.

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34119

Title: DST () Delete Title: SEC (X) Change () Addition

 Name:
 TICFEABACH, RENEE
 Name:
 MCKAY, THOMAS

 Address:
 4501 TAMIAMI TRAIL NO #300
 Address:
 3115 SANTORINI CT.

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN DININO PRES 01/12/2006