

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008334

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC0870605398**

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

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT,LLC  
13831 VECTOR AVENUE  
FORT MYERS , FL 33907

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT,LLC  
13831 VECTOR AVENUE  
FORT MYERS , FL 33907 US

**FEI Number:** 20-0278067

**Certificate of Status Desired:** No

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

ALLIANT PROPERTY MANAGEMENT, LLC  
C/O ALLIANT PROPERTY MANAGEMENT,LLC  
13831 VECTOR AVENUE  
FORT MYERS , FL 33907 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:** MILLIE K. STROHM

01/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BUSA, JONATHAN  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT,LLC  
                  13831 VECTOR AVENUE  
City-State-Zip: FORT MYERS FL 33907

Title            VP  
Name            HALDEMAN, DAVID  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT,LLC  
                  13831 VECTOR AVENUE  
City-State-Zip: FORT MYERS FL 33907

Title            TREASURER  
Name            MEYER, ARTHUR  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT,LLC  
                  13831 VECTOR AVENUE  
City-State-Zip: FORT MYERS FL 33907

Title            SECRETARY  
Name            FLYNN, PATRICIA  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT,LLC  
                  13831 VECTOR AVENUE  
City-State-Zip: FORT MYERS FL 33907

*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:** JONATHAN BUSA

**OFFICER**

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date