## 2006 NOT-FOR-PROFIT CORPORATION

### Apr 26, 2006 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT #723429** 04-26-2006 90198 032 \*\*\*\*61.25 1. Entity Name SANTA BARBARA GARDENS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address CONDOMINIUM ASSOCIATION INC CONDOMINIUM ASSOCIATION INC 40063543 2201 S.E. 9TH STREET 2201 S.E. 9TH STREET POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4. FEI Numbe 59-1366751 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IRINGTON, JANICE Street Address (P.O. Box Number is Not Acceptable) 2201 SE 9TH ST. POMPANO BCH., FL 33062 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 D TITLE Delete TITLE ☐ Change XX Addition Fred Schaefer ANTOINE, MARY NAME NAME 1 Lauradell Drive STREET ADDRESS 2201 S.E. 9TH ST STREET ADDRESS Seaville, NJ. 08230 POMPANO BEACH, FL 33062 CITY-ST-21P CITY-ST-ZIP IME Delete TITLE Change Addition Mary Antoine 2201 S.E. 94 Street # 103 HAYDEN, ROBERT NAME NAME STREET ADDRESS 2201 S.E. 9TH ST STREET ADDRESS Pompano Beach, FL 33062 CITY-ST-7IP CORAL SPRINGS, FL 33062 CITY-ST-79P TOTLE $\overline{D}$ ☐ Delete TITLE ☐ Change **Addition** Bruno Barco 8+rect #108 NAME IRINGTON, JANICE NAME STREET ADDRESS 2201 S E 9TH ST STREET ADDRESS Pompano Beach, FL. 33062 CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-7IP TITLE Delete TITLE ☐ Change X Addition Kathy Lilley 8640 Trenton Drive CASTELLA, EDWARD NAME NAME STREET ADORESS 2201 S.E. 9TH ST STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 white Lake, MI 48386 CITY-ST-7IP TITLE Detete TITLE ☐ Change X Addition John Parente 2201 SE. 94 Street 105 NAME HELLER, ED STREET ADDRESS 2201 S.E. 9TH ST STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

IIII F

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

TITLE

POMPANO BEACH, FL 33062

TURE AND TYPED OR PRINTED HAN B-OFFICER OR DIRECTOR

Detete

Pompano Beach, FL 33062

Pompano Beach, FL 330 62

Mike Sipe 2201 S.E. 9th St. 102

**FILED** 

954-205-6251

☐ Change

# ATTACHMENT

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #723429** SANTA BARBARA GARDENS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 40063543 CONDOMINIUM ASSOCIATION INC CONDOMINIUM ASSOCIATION INC 2201 S.E. 9TH STREET 2201 S.E. 9TH STREET POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-1366751 Applied For Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IRINGTON, JANICE 2201 SE 9TH ST. Street Address (P.O. Box Number is Not Acceptable) POMPANO BCH., FL 33062 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change **Addition** Michael Tarbox NAME ANTOINE, MARY NAME 2201 S.E. 95 Street #206 STREET ADDRESS 2201 S.E. 9TH ST STREET ADDRESS POMPANO BEACH, FL 33062 CITY-ST-ZIP Pompano Beach, FL 33062 CITY-ST-ZIP TITLE Delete TELF ☐ Change ☐ Addition NAME HAYDEN, ROBERT NAME 2201 S.E. 9TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL SPRINGS, FL 33062 CITY-ST-ZIP MILE ST ☐ Delete TITLE ☐ Change ☐ Addition NAME IRINGTON, JANICE NAME STREET ADDRESS 2201 S F 9TH ST STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME CASTELLA, EDWARD NAME STREET ADDRESS 2201 S.F. 9TH ST STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ΤΠΙF ☐ Delete TITLE ☐ Change ☐ Addition HELLER, ED NAME NAME STREET ADDRESS 2201 S.E. 9TH ST STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP 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: