


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # 723429
 1. Entity Name
SANTA BARBARA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business CONDOMINIUM ASSOCIATION INC 2201 S.E. 9TH STREET POMPANO BEACH, FL 33062	Mailing Address CONDOMINIUM ASSOCIATION INC 2201 S.E. 9TH STREET POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1366751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**IRINGTON, JANICE
 2201 SE 9TH ST.
 POMPANO BCH., FL 33062**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAEFER, FRED 1 LAUDERDELL DR OCEAN VIEW, NJ 08230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANTOINE, MARY 2201 SW 9TH ST 103 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST IRINGTON, JANICE 2201 S E 9TH ST POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILLEY, KATHY 8640 TRENTON DR WHITE LAKE, MI 48386
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARBOX, MICHAEL 2201 SE 9TH STREET #206 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIPE, MIKE 2201 SE 9TH ST 102 POMPANO BEACH, FL 33062

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 03/21/08-80036-011 61.25

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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: Janice Iington Janice Iington 3/4/08 954-782-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #