
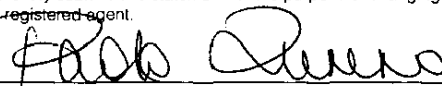
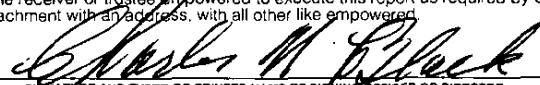


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90050 023 ****61.25

DOCUMENT # 743356 1. Entity Name SANTA BARBARA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4717 SANTA BARBARA BLVD. CAPE CORAL, FL 33914 US		Mailing Address 4717 SANTA BARBARA BLVD. BLVD. B-2 CAPE CORAL, FL 33914 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 151845 Suite, Apt. #, etc.	
City & State Zip		City & State CAPE CORAL, FL Zip 33915	
Country		Country USA	
4. FEI Number 59-1723611		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, CHARLES 4717 SANTA BARBARA BLVD # B-2 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name ZUNINO PAOLA Street Address (P.O. Box Number is Not Acceptable) 90 GPM INC 2799 DEL PRADO BWD City CAPE CORAL	
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.		State Code FL	
SIGNATURE 		DATE 4/23/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROSS, EARL 4715 SANTA BARBARA BLVD F4 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY GURWITZ 4711 SANTA BARBARA BWD # D-4 CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONETTA, JAMES 4717 SANTA BARBARA BLVD, # B-3 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVER, TROY 4713 SANTA BARBARA BLVD # E-3 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, CHARLES 4717 SANTA BARBARA BLVD # G2 CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHADOW, BLAINE 4713 SANTA BARBARA BLVD. CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECEIVED MAY 14 2007	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information provided in this 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: 		Date 8/10/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	