

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743356

FILED  
Mar 31, 2010  
Secretary of State

**Entity Name:** SANTA BARBARA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4717 SANTA BARBARA BLVD.  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

1319 MIRAMAR  
SUITE 101  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 59-1723611      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ZUNINO, PAOLA  
1319 MIRAMAR ST  
SUITE 101  
CAPE CORAL, FL 33904 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: LECONEY, MICHELLE  
Address: 4717 SANTA BARBARA BLVD #G-2  
City-St-Zip: CAPE CORAL, FL 33914

Title: SD  
Name: SIMONETTA, JAMES  
Address: 4717 SANTA BARBARA BLVD, # B-3  
City-St-Zip: CAPE CORAL, FL 33914

Title: TD  
Name: OLIVER, TROY  
Address: 4713 SANTA BARBARA BLVD # E-3  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD  
Name: SHADDOW, BLAINE  
Address: 4713 SANTA BARBARA BLVD #E1  
City-St-Zip: CAPE CORAL, FL 33914

Title: DIR  
Name: WEBB, MARY JO  
Address: 545 84TH LANE NW  
City-St-Zip: COON RAPIDS, MN 55433

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: PAOLA ZUNINO

PRES

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date