


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 771128 1. Entity Name SANTA BARBARA CLUB CONDOMINIUM ASSOCIATION, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 2724 SANTA BARBARA BLVD NAPLES FL 34116 | Mailing Address 355 BURNT PINE DR NAPLES FL 34119 |
|---|---|



| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/07)

| | | | |
|---------------------|---------------------|---|---|
| City & State Zip | City & State Zip | 4. FEI Number NO-T APPLICABLE | Applied For <input checked="" 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 WENDEL, GREG 355 BURNT PINE DR NAPLES FL 34119 |
|---|

| | |
|--|------------------------------|
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | State: FL 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

| | |
|--|------------------------------------|
| 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 | | <input type="checkbox"/> Delete |
|----------------------------|-----------------------------|---------------------------------|
| TITLE | TD | |
| NAME | GREG WENDEL | |
| STREET ADDRESS | 355 BURNT PINE DR | |
| CITY-ST-ZIP | NAPLES FL 34119 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WELSH, JOHN | |
| STREET ADDRESS | 2724 SANTA BARBARA BLVD. #3 | |
| CITY-ST-ZIP | NAPLES FL 34116 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SMITH, DANIEL | |
| STREET ADDRESS | 2748 SANTA BARBARA BLVD. #7 | |
| CITY-ST-ZIP | NAPLES FL 34116 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------|---------------------------------|-----------------------------------|
| TITLE | U00000817724 | | |
| NAME | 02/15/08-80014-007 61.25 | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Greg Wendel* **GREG WENDEL** 2-2-08 2394556931