

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007514

FILED
Apr 26, 2005
Secretary of State

Entity Name: SANTA BARBARA TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7975 NW 154TH ST., SUITE 400
MIAMI LAKES, FL 33016

New Principal Place of Business:

14395 SW 139 CT
103
MIAMI, FL 33186

Current Mailing Address:

7975 NW 154TH ST., SUITE 400
MIAMI LAKES, FL 33016

New Mailing Address:

14395 SW 139 CT
103
MIAMI, FL 33186

FEI Number: 56-2397048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM P. MCCAUGHAN, P.A.
200 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ADVANCE MANAGEMENT SERVICES INC
14395 SW 139 CT
103
MIAMI, FL 33186 US

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: RAJ PRAKASH

04/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRIELE, ROBERT
Address: 7975 NW 154TH ST., SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD () Delete
Name: NICOLE, CARDOSO
Address: 7975 NW 154TH ST., SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: STD () Delete
Name: LAM, YOLANDA
Address: 7975 NW 154TH ST., SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAJ PRAKASH

MR

04/26/2005

Electronic Signature of Signing Officer or Director

Date