2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007514

FILED Apr 27, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 14395 SW 139 CT C/O ALTON MADISON PROPERTY MANAGEMENT 381 N KROME AVENUE #205 103 MIAMI, FL 33186 HOMESTEAD, FL 33030 **Current Mailing Address:** New Mailing Address: 14395 SW 139 CT PO BOX 901773 HOMESTEAD, FL 33090 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: Name and Address of New Registered Agent: ADVANCE MANAGEMENT SERVICES INC GUGLIUZZA, CHARLES R 381 N KROME AVENUE 14395 SW 139 CT 103 SUITE 205 HOMESTEAD, FL 33030 US 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: CHARLES GUGLIUZZA 04/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BRIELE, ROBERT GREGIS, ANTHONY Name: Name: 7975 NW 154TH ST., SUITE 400 Address: 21435 SW 85 PASSAGE Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI, FL 33189 Title: VD () Delete Title: (X) Change () Addition NICOLE, CARDOSO Name: WHITE, SARAH Name: Address: 7975 NW 154TH ST., SUITE 400 Address: 21473 SW 85 PASSAGE City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI, FL 33189 Title: STD () Delete Title: (X) Change () Addition LAM, YOLANDA Name: AVECHAVALETA, BARBARA Name: 7975 NW 154TH ST., SUITE 400 8544 SW 214 WAY Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI, FL 33189 () Change (X) Addition Title: () Delete Title: TD Name: Name: ORTIZ, ROSA Address: Address: 21497 SW 85 AVENUE City-St-Zip: City-St-Zip: MIAMI, FL 33189 Title: () Delete Title: () Change (X) Addition HAYNES, BARBARA Name: Name: 21484 SW 85 PASSAGE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33189 Title: () Delete Title: () Change (X) Addition KUPSKI, LISA Name: Name: Address: Address: 8562 SW 214 WAY MIAMI, FL 33189 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANTHONY GREGIS P 04/27/2006