

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007514

FILED  
Apr 20, 2008  
Secretary of State

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

**Current Principal Place of Business:**

C/O ALTON MADISON PROPERTY MANAGEMENT  
381 N KROME AVENUE #205  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 901773  
HOMESTEAD, FL 33090

**New Mailing Address:**

FEI Number: 56-2397048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SIEGFRIED & ASSOCIATES  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

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

SKRLD, INC  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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: MARIA ARIAS, ESQ

04/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GREGIS, ANTHONY  
Address: 21435 SW 85 PASSAGE  
City-St-Zip: MIAMI, FL 33189

Title: PD ( ) Delete  
Name: WHITE, SARAH  
Address: 21473 SW 85 PASSAGE  
City-St-Zip: MIAMI, FL 33189

Title: SD ( ) Delete  
Name: AVECHAULETA, BARBARA  
Address: 8544 SW 214 WAY  
City-St-Zip: MIAMI, FL 33189

Title: TD ( ) Delete  
Name: ORTIZ, ROSA  
Address: 21497 SW 85 AVENUE  
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete  
Name: HAYNES, BARBARA  
Address: 21484 SW 85 PASSAGE  
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete  
Name: KUPSKI, LISA  
Address: 8562 SW 214 WAY  
City-St-Zip: MIAMI, FL 33189

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: SNAY, SHARON  
Address: 21450 SW 86 PLACE  
City-St-Zip: MIAMI, FL 33189

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

Title: SD (X) Change ( ) Addition  
Name: HAYNES, BEVERLY  
Address: 21484 SW 85 PASSAGE  
City-St-Zip: MIAMI, FL 33189

Title: VPD (X) Change ( ) Addition  
Name: KUPSKI, LISA  
Address: 8562 SW 214 WAY  
City-St-Zip: MIAMI, FL 33189

I hereby certify that the information supplied with this filing does not qualify 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: SARAH WHITE

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date