2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N03000007514

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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: D (X) 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: D ( ) Delete
Name: SNAY, SHARON
Address: 21450 SW 86 PLACE
City-St-Zip: MIAMI, FL 33189

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

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

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

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 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 05/01/2009
Electronic Signature of Signing Officer or Director — Date