

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 31, 2012
Secretary of State

DOCUMENT# N03000007514

Entity Name: SANTA BARBARA TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**18001 OLD CUTLER ROAD
SUITE 476
PALMETTO BAY, FL 33157**New Principal Place of Business:****Current Mailing Address:**18001 OLD CUTLER ROAD
SUITE 476
PALMETTO BAY, FL 33157**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:**GLASSFORD, DALE C
12928 SW 133 COURT
SUITE A
MIAMI, FL 33186 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: PD
Name: WHITE-PARKS, SARAH
Address: 18001 OLD CUTLER RD, STE 476
City-St-Zip: PALMETTO BAY, FL 33157

Title: SD
Name: SNAY, SHARON
Address: 18001 OLD CUTLER RD, STE 476
City-St-Zip: PALMETTO BAY, FL 33157

Title: D
Name: SARDINA, RAYMOND
Address: 18001 OLD CUTLER RD, STE 476
City-St-Zip: PALMETTO BAY, FL 33157

Title: VPD
Name: HAYNES, BEVERLY
Address: 18001 OLD CUTLER RD, STE 476
City-St-Zip: PALMETTO BAY, FL 33157

Title: TD
Name: HOLLEY, MICHAEL
Address: 18001 OLD CUTLER RD, STE 476
City-St-Zip: PALMETTO BAY, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY LESTER

PM

08/31/2012

Electronic Signature of Signing Officer or Director

Date