2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

atricia)

SIGNATURE:

osligan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # N03000008334 03-12-2007 90368 028 ****61.25 SANTA BARBARA AT LAGUNA LAKES ASSOCIATION, INC. Principal Place of Business Mailing Address 4000244 1044 CASTELLO DRIVE C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., #206 SUITE 206 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10719 WINKLER Rd 6719 winkler Rd 02232007 Chg-NP CR2E037 (12/06) 200 4. FEI Number 20-0278067 City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired usA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Property SOUTHWEST PROPERTY MANAGEMENT CORP Box Number is Not Acceptable) 2044 CASTELLO DRIVE **SUITE 206** NAPLES, FL 34103 200 8. The above named entity submits this statement for the purpose of changing its registered office or registered age nt, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Change Addition Delete TITLE TIT! F Patricia costigan NAME GRAY, RICHARD NAME 9255 Paseo De Valencia St 15359 LAGUNA HILLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP Fort lyers 3390% Delete ☐ Change Addition TITLE TITLE Mariene Wotherspoon PARROTT, LYNN NAME 15350 Laguna this Dr. STREET ADDRESS 15370 LAGUNA HILLS DRIVE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP ☐: Change ☐ Delete TITLE TITLE ☐ Addition VELEZ, DAVID NAME NAME 15300 LAGUNA HILLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TD NAME GONCZY, DAVID NAME 15699 LAGUNA HILLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition VON OHLSEN, JEANNE NAME NAME 15359 LAGUNA HILLS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME Tom Bones STREET ADDRESS STREET ADDRESS 155 62 CITY-ST-ZIP CITY-ST-ZIP 33908 FORT MI 1815 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

FILED

Mar 12, 2007 8:00 am

Daytime Phone #