2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008334

FILED Mar 29, 2010 Secretary of State

Entity Name: SANTA BARBARA AT LAGUNA LAKES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT,LLC 6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919 US

FEI Number: 20-0278067 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:

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD

Name: COSTIGAN, PATRICIA

Address: 9255 PASEO DE VALENCIA STREET

City-St-Zip: FORT MYERS, FL 33908

Title: VPD Name: HUFF, DALE

Address: 9250 PASEO DE VALENCIA ST. City-St-Zip: FORT MYERS, FL 33908

Title: PD

Name: BUSA, JONATHAN

Address: 15540 LAGUNA HILLS DRIVE City-St-Zip: FORT MYERS, FL 33908

Title:

 Name:
 SURA, KEVIN

 Address:
 15646 ALTON DR.

 City-St-Zip:
 FORT MYERS, FL 33908

Title: TD

Name: GONCZY, DAVID

Address: 15699 LAGUNA HILLS DRIVE City-St-Zip: FORT MYERS, FL 33908

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: DAVID GONCZY TD 03/29/2010