

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010976

FILED
May 04, 2009
Secretary of State

Entity Name: SANTA BARBARA TOWNHOMES OF HOMESTEAD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7975 N.W. 154 STREET, SUITE 400
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

101 N.E. 3 AVENUE
SUITE 1500
FT. LAUDERDALE, FL 33301

New Mailing Address:

707 NE 3RD AVE
1ST FLOOR
FT. LAUDERDALE, FL 33304

FEI Number: 20-4292632 **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:

SOLOMON & FURSHMAN, LLP
1666 KENNEDY CAUSEWAY, SUITE 302
MIAMI, FL 33141 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: DP () Delete
Name: BRIELE, ROBERT T
Address: 7975 N.W. 154 STREET, SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: DV () Delete
Name: PILA, LORRAINE
Address: 7975 N.W. 154 STREET, SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

Title: DST () Delete
Name: LAM, YOLANDA
Address: 7975 N.W. 154 STREET, SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016

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:

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: ROBERT BRIELE

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date