

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90062 001 \*\*\*122.50

**DOCUMENT # N05000011703**

1. Entity Name  
**SANTA BARBARA COMMONS CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1521 S.W. 57TH STREET  
CAPE CORAL, FL 33914**

Mailing Address  
**1521 S.W. 57TH STREET  
CAPE CORAL, FL 33914**

00001112



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-4262123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHUTT, DARRIN R ESQ  
1105 CAPE CORAL PARKWAY EAST  
SUITE C  
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name **Tracey Fulmer**

Street Address (P.O. Box Number is Not Acceptable)

**1521 SW 57 ST**

City **Cape Coral**

**FL**

Zip Code

**33914**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-6

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME FULMER, RANDY A  
STREET ADDRESS 1521 S.W. 57TH STREET  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE VPST ☐ Delete  
NAME FULMER, R TRACEY  
STREET ADDRESS 1521 S.W. 57TH STREET  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE D ☐ Delete  
NAME FULMER, R TRACEY  
STREET ADDRESS 1521 S.W. 57TH STREET  
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE D ☒ Delete  
NAME AGLES, JAMES  
STREET ADDRESS 2326 DEL PRADO BOULEVARD  
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-6 239-994-1064