
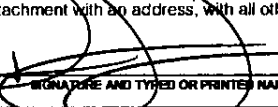


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent		
FULMER, TRACEY 1521 SW 57 ST CAPE CORAL, FL 33914		
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FULMER, RANDY A 1521 S.W. 57TH STREET CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST FULMER, R TRACEY 1521 S.W. 57TH STREET CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULMER, R TRACEY 1521 S.W. 57TH STREET CAPE CORAL, FL 33914	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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		



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4262123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000782669
01/15/08-80085-001 261.25

**DO NOT WRITE
IN THIS SPACE**

1-9-8

239-549-2300

Date Daytime Phone #