

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012389

FILED
Mar 03, 2009
Secretary of State

Entity Name: SANTA BARBARA SHORES CONDO ASSOCIATON INC

Current Principal Place of Business:

841 SE 22ND AVENUE
5
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

841 SE 22ND AVENUE
5
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-1433080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLIER, HARVEY
841 SE 22 AVE #5
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

TUCKER & TIGHE, P.A.
800 E. BROWARD BLVD.
STE. 710
FORT LAUDERDALE, FL 33301 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: MEREDITH L. SPIRA

03/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: AMANZIO, ANTHONY
Address: 841 SE 22ND AVENUE #9
City-St-Zip: POMPANO BEACH, FL 33062

Title: P () Delete
Name: COLLIER, HARVEY
Address: 841 SE 22 AVE #5
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: RUTI, AMBALO
Address: 851 SE 22 AVE #1
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WELCH, BONNIE
Address: 845 SE 22ND AVENUE #9
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP (X) Change () Addition
Name: KRAEMER, WALTER
Address: 845 SE 22 AVE #10
City-St-Zip: POMPANO BEACH, FL 33062

Title: S (X) Change () Addition
Name: SHARP, KATHRYN
Address: 851 SE 22 AVE #2
City-St-Zip: POMPANO BEACH, FL 33062

Title: T () Change (X) Addition
Name: BUZA, VICKI
Address: 851 SE 22 AVE #2
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Change (X) Addition
Name: WELCH, BOB
Address: 845 SE 22ND AVENUE #9
City-St-Zip: POMPANO BEACH, FL 33062

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: BONNIE WELCH

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date