

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004835

FILED
Jun 05, 2009
Secretary of State

Entity Name: SANTA BARBARA VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

804 NICHOLAS PARKWAY EAST
SUITE 2
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

804 NICHOLAS PARKWAY EAST
SUITE 2
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 26-2073449 **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:

Name and Address of New Registered Agent:

SCHUTT, DARRIN R ESQ.
1105 CAPE CORAL PARKWAY EAST
SUITE C
CAPE CORAL, FL 33904 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: P () Delete
Name: HERTZ, SCOTT
Address: 804 NICHOLAS PARKWAY EAST, SUITE 2
City-St-Zip: CAPE CORAL, FL 33990

Title: VP () Delete
Name: VILLALON, ANDRES
Address: 12660 COLONY LANE
City-St-Zip: CAPE CORAL, FL 33909

Title: T () Delete
Name: MILLER, CAROL
Address: 5376 COLONY
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: HERTZ, JACQUELINE
Address: 565 N. SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

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:

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: SCOTT HERTZ

P

06/05/2009

Electronic Signature of Signing Officer or Director

Date