

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 24, 2011
Secretary of State

DOCUMENT# N09000008288

Entity Name: SANTA BARBARA ESTATES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6413 CONGRESS AVENUE
SUITE 200
BOCA RATON, FL 33487 US**New Principal Place of Business:****Current Mailing Address:**6413 CONGRESS AVENUE
SUITE 200
BOCA RATON, FL 33487 US**New Mailing Address:****FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CREST MANAGEMENT GROUP, INC.
6413 CONGRESS AVE.
SUITE 200
BOCA RATON, FL 33487 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:** P
Name: ARNETT, CHARLES
Address: 6413 CONGRESS AVE., SUITE 200
City-St-Zip: BOCA RATON, FL 33487 US**Title:** VP
Name: KOPLOWITZ, DAVID
Address: 6413 CONGRESS AVE., SUITE 200
City-St-Zip: BOCA RATON, FL 33487 US**Title:** T
Name: BUKOWSKI, EDWARD
Address: 6413 CONGRESS AVE., SUITE 200
City-St-Zip: BOCA RATON, FL 33487 US**Title:** S
Name: BUKOWSKI, EDWARD
Address: 6413 CONGRESS AVE., SUITE 200
City-St-Zip: BOCA RATON, FL 33487 US

I hereby 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 all other like empowered.

SIGNATURE: GARY BUDD

AGEN

06/24/2011

Electronic Signature of Signing Officer or Director

Date