

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29621** (2)
1. Corporation Name
SANTA BARBARA PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
% LONG MANAGEMENT CO.
5295 TOWN CENTER RD. STE. 200
BOCA RATON FL 33486

3. Date Incorporated or Qualified **12/09/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0142119** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
ISAACSON, WILLIAM K
5295 TOWNE CENTER RD.
SUITE 200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPELLETTI, JOHN M	1.2 NAME	
STREET ADDRESS	6399 NW 24TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, ALBERT	2.2 NAME	
STREET ADDRESS	6158 NW 23RD ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEINFIELD, GEORGE	3.2 NAME	Secretary, Director
STREET ADDRESS	2309 25TH WAY	3.3 STREET ADDRESS	Rau, Norman
CITY - ST - ZIP	BOCA RATON FL 33431	3.4 CITY - ST - ZIP	20677 NW 26th Court
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLO, MURIEL	4.2 NAME	
STREET ADDRESS	6350 NW 23RD ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL 33434	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Stadulis, Frank
CITY - ST - ZIP		5.4 CITY - ST - ZIP	6342 NW 24th St.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

5.5 NAME	Boca Raton, FL 33431
5.6 CITY - ST - ZIP	
6.5 NAME	
6.6 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Muriel Gallo 4/26/96 407-750-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)