


FILE NOW: FILING FEE IS \$61.25

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**May 09 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29621 (2)

1. Corporation Name
SANTA BARBARA PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business % LONG MANAGEMENT CO. 5295 TOWN CENTER RD. STE. 200 BOCA RATON FL 33486	Mailing Address % LONG MANAGEMENT CO. 5295 TOWN CENTER RD. STE. 200 BOCA RATON FL 33486-1088
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 12/09/1988	3a. Date of Last Report 05/01/1996	4. FEI Number 65-0142119	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 office 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAPPELLETTI, JOHN M	
STREET ADDRESS	6399 NW 24TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, ALBERT	
STREET ADDRESS	6158 NW 23RD ST.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RAU, NORMAN	
STREET ADDRESS	20677 NW 26TH COURT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GALLO, MURIEL	
STREET ADDRESS	6350 NW 23RD ST.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STADULIS, FRANK	
STREET ADDRESS	6342 NW 24TH STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bloch, Richard	
1.3 STREET ADDRESS	6373 NW 23rd street	
1.4 CITY-ST-ZIP	Boca Raton, FL 33434	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Green, Harold	
2.3 STREET ADDRESS	6286 N.W. 23rd street	
2.4 CITY-ST-ZIP	Boca Raton, FL 33434	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rogers, Mel	
3.3 STREET ADDRESS	20694 N.W. 26th Ave.	
3.4 CITY-ST-ZIP	Boca Raton, FL 33434	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)