


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|--|---|

3. Date Incorporated or Qualified
12/09/1988

4. FEI Number
65-0142119

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
|---|--|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CAPPELLETTI, JOHN M | |
| STREET ADDRESS | 8399 NW 24TH STREET | |
| CITY-ST-ZIP | BOCA RATON FL 33434 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | BLOCH, RICHARD | |
| STREET ADDRESS | 6373 N.W. 23RD ST | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GREEN, HAROLD | |
| STREET ADDRESS | 6268 N.W. 23RD ST. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ROGERS, MEL | |
| STREET ADDRESS | 20894 N.W. 26TH AVE. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VP | <input checked="" 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 | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | STANLEY FURER | |
| 1.3 STREET ADDRESS | 6246 NW 23RD STREET | |
| 1.4 CITY-ST-ZIP | BOCA RATON, FL 33434 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | CHRISTOPHER PORTE | |
| 2.3 STREET ADDRESS | 2067B NW 26TH AVENUE | |
| 2.4 CITY-ST-ZIP | BOCA RATON, FL 33434 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | FRANK STADULIS | |
| 3.3 STREET ADDRESS | 6342 NW 24TH STREET | |
| 3.4 CITY-ST-ZIP | BOCA RATON, FL 33434 | |
| 4.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | RICHARD BLOCH | |
| 4.3 STREET ADDRESS | 6373 NW 23RD STREET | |
| 4.4 CITY-ST-ZIP | BOCA RATON, FL 33434 | |
| 5.1 TITLE | | <input 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 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, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* 4.8.98

CP2E037 (10/97)