FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am § Secretary of State **DOCUMENT # N29621** 1. Entity Name SANTA BARBARA PROPERTY OWNERS' ASSOCIATION, INC. 04-11-2001 90032 031 ****70.00 Principal Place of Business Mailing Address 20580 NW 28 TERRACE 20580 NW 28 TERRACE **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For - City & State --_City & State____ 4. FEI Number 65-0142119 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ISAACSON, WILLIAM K 5295 TOWNE CENTER RD. SUITE 200 City Zip Code **BOCA RATON FL 33486** 8. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. President (10/00) Delete TITLE Change Addition cappelletti, SIMON, HAROLD NAME NAME NW 24th STREET STREET ADDRESS 20677 NW 26 AVE STREET ADDRESS CR2E037 CITY - ST - 71P CITY-ST-ZIP **BOCA RATON FL 33434** TITLE ☐ Delete TITLE Change ☐ Addition FURER, STANLEY NAME NAME STREET ADDRESS 23 ST STREET ADDRESS 6246 NW 23 ST CITY-ST-ZIP 33434 CITY-ST-ZIP Katon, **BOCA RATON FL 33434** TITLE Delete TITLE EATOUGH, NORMAN ☐ Addition EATOUGH, NORMAN NAME NAME NW28AVE STREET ADDRESS 20685 NW 26 AVE STREET ADDRESS 20685 CITY-ST-ZIP CITY-ST-ZIP 3343 BOCA RATON FL 33434 TITLE Delete TITLE ☐ Change Addition BONNIE GINSBURG, LARRY NAME STREET ADDRESS NW 2904 Avenue 6383 NW 24 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** TITLE Delete TITLE Addition Ire ctor PORTE, CHRISTOPHER NAME NAME AMM, DONALD STREET ADDRESS 20678 NW 26TH AVE STREET ADDRESS MWB310 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** TITLE Delete irector TITLE GREEN, HAROLD NAME NAME ARDOCKI STREET ADDRESS 6286 NW 23 STREET STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP BOCA RATON FL 33434 <u> 33 43 4</u>

12. 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 report or supplemental 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 receive or true tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #