

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90062 005 \*\*\*\*70.00

**DOCUMENT # N29621**

1. Entity Name

**SANTA BARBARA PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**20580 NW 28 TERRACE  
 BOCA RATON FL 33434  
 US**

**20580 NW 28 TERRACE  
 BOCA RATON FL 33434  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0142119**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON,  
 C/O LANG MANAGEMENT COMPANY, INC.  
 21045 COMMERCIAL TRAIL  
 BOCA RATON FL 33486-1006**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CAPPELLETTI, JOHN 6399 NORTHWEST 24TH STREET BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FURER, STANLEY 6246 NW 23 ST BOCA RATON FL 33434</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T EATOUGH, NORMAN 20685 NORTHWEST 28TH AVENUE BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S EYLER, BONNIE 20694 NORTHWEST 29TH AVENUE BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PORTE, CHRISTOPHER 20678 NW 26TH AVE BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LAMM, DONALD 6220 NORTHWEST 23RD PLACE BOCA RATON FL 33434</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Treasurer Eatough, Norman.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or trustee 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 with an address, with all other the empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NORMAN J. EATOUGH**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)