


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90038 029 ****70.00

DOCUMENT # N29621			
1. Entity Name SANTA BARBARA PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 20580 NW 28 TERRACE BOCA RATON FL 33434 US		Mailing Address 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



MOORE CR2E037 (11/03)

4. FEI Number 65-0142119		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer CAPPELLETTI, JOHN 6399 NORTHWEST 24TH STREET BOCA RATON FL 33434 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P TITLE NAME STREET ADDRESS CITY-ST-ZIP	President EATOUGH, NORMAN 20685 NORTHWEST 28TH AVENUE BOCA RATON FL 33434 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	KORNREICH, JACK 6189-NW 23 RD BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete	D TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANK STADULIS 6342 NW 24th ST BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOROOKI, GUY 6350 NW 23RD SRTEET BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete	S TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Theodore Godlin 2548 NW 24th Street BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice Pres. TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAMM, DONALD 6220 NORTHWEST 23RD PLACE BOCA RATON FL 33434 <input type="checkbox"/> Delete	D TITLE NAME STREET ADDRESS CITY-ST-ZIP	STANLEY DRILLIC 6208 NW 24th STREET BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGDA, ROBERT 6277 NW 23 ROAD BOCA RATON FL 33434 <input checked="" type="checkbox"/> Delete	D TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Lee 20646 NW 26th Avenue BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" 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 like empowered.

SIGNATURE: Norman J. Eatough SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/16/04 Daytime Phone #: 451 3501

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Attachment
OK
54020923

61.25
8.75
70.00

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SIGNATURE _____ DATE _____

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

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TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">DATE</p> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">FEB 23 2004</p> <p style="font-size: 1.2em; font-weight: bold; margin: 0;">BY: <i>W461</i></p> </div>	
NAME	CAPPELLETTI, JOHN	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
STREET ADDRESS	6399 NORTHWEST 24TH STREET	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
CITY-ST-ZIP	BOCA RATON FL 33434	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EATOUGH, NORMAN	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
STREET ADDRESS	20685 NORTHWEST 28TH AVENUE	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
CITY-ST-ZIP	BOCA RATON FL 33434	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KORNREICH, JACK	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
STREET ADDRESS	6189 NW 23 RD	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
CITY-ST-ZIP	BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GOROOKI, GUY	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
STREET ADDRESS	6350 NW 23RD SRTEET	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
CITY-ST-ZIP	BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LAMM, DONALD	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
STREET ADDRESS	6220 NORTHWEST 23RD PLACE	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
CITY-ST-ZIP	BOCA RATON FL 33434	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SIGDA, ROBERT	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
STREET ADDRESS	6277 NW 23 ROAD	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
CITY-ST-ZIP	BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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