

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90115 028 ****70.00

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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

4. FEI Number

65-0142119

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/05)



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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
 Due By: May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	AD	<input type="checkbox"/> Delete
NAME	CAPPELLETTI, JOHN	
STREET ADDRESS	6399 NORTHWEST 24TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EATOUGH, NORMAN	
STREET ADDRESS	20685 NORTHWEST 28TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMAY, DON	
STREET ADDRESS	6220 23RD RD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMINO, ANGEL	
STREET ADDRESS	6334 NW 24TH ST	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRILLICK, STANLEY	
STREET ADDRESS	6208 NW 24T STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMOWITZ, HOWARD	
STREET ADDRESS	29742 NW 29TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY PRO FUNER	
STREET ADDRESS	6246 NW 23rd St	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK STADULIS	
STREET ADDRESS	6342 NW 24 street	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *[Handwritten Signature]*