

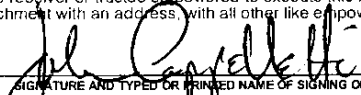


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90224 002 \*\*\*\*70.00

<b>DOCUMENT # N29621</b>					
<b>1. Entity Name</b> SANTA BARBARA PROPERTY OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 20580 NW 28 TERRACE BOCA RATON, FL 33434 US		<b>Mailing Address</b> 20580 NW 28 TERRACE BOCA RATON, FL 33434 US			
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03202007 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> WILLIAM K. ISAACSON, C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486-1006				<b>7. Name and Address of New Registered Agent</b>	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
<b>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.</b>					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPPELLETTI, JOHN		NAME	David Carter	
STREET ADDRESS	6399 NORTHWEST 24TH STREET		STREET ADDRESS	6249 NW 23rd Road	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAPULIS, FRANK		NAME	Melvin Rogers	
STREET ADDRESS	6342 NW 24 STREET		STREET ADDRESS	20094 NW 26th Avenue	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMAY, DON		NAME	Richard Bloch	
STREET ADDRESS	6220 23RD RD		STREET ADDRESS	6375 NW 23rd St	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMINO, ANGEL		NAME	Lloyd Mindich	
STREET ADDRESS	6334 NW 24TH ST		STREET ADDRESS	2341 NW 25th WY	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRILLICK, STANLEY		NAME	Stanley Furen	
STREET ADDRESS	6208 NW 24T STREET		STREET ADDRESS	6246 NW 23rd St	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMOWITZ, HOWARD		NAME	Frances Steinmark	
STREET ADDRESS	29742 NW 29TH AVE		STREET ADDRESS	2314 NW 23rd	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, FL 33434	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
SIGNATURE: 			Date: 4.10.07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		