


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90035 025 \*\*\*\*70.00

<b>DOCUMENT # N29621</b>			
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 21045 Commercial Trail Suite, Apt. #, etc.	
City & State Boca Raton, FL		4. FEI Number 65-0142119	
Zip 33428		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, C/O LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486-1006		7. Name and Address of New Registered Agent 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 reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPELLETTI, JOHN 6399 NORTHWEST 24TH STREET BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John Cappelletti 6399 NW 24th St. Boca Raton FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTER, DAVID 6289 NW 23RD ROAD BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FRANK STADULIS 6342 NW 24th ST BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, MELVIN 20694 NW 26TH AVE BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCES STEINMARK 2974 NW 23RD RD BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLOCH, RICHARD 6375 NW 23RD ST BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINICH, LLOYD 2341 NW 25TH WY BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUREN, STANLEY 6246 NW 23RD ST BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JIM ARDITO 20701 NW 29th 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 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.			
SIGNATURE: <i>John Cappelletti</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: John Cappelletti 3-24-08	
		Date Daytime Phone #	