

# 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>					
<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>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> 21045 Commercial Trail Suite, Apt. #, etc.			
<b>City &amp; State</b>  Boca Raton, FL		<b>City &amp; State</b> Boca Raton, FL		<b>4. FEI Number</b> 65-0142119	
<b>Zip</b> 33434		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>		
<b>TITLE</b> D <b>NAME</b> CAPPELLETTI, JOHN <b>STREET ADDRESS</b> 6399 NORTHWEST 24TH STREET <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Delete		<b>TITLE</b> Treasurer <b>NAME</b> John Cappelletti <b>STREET ADDRESS</b> 6399 NW 24th St. <b>CITY-ST-ZIP</b> Boca Raton FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> CARTER, DAVID <b>STREET ADDRESS</b> 6289 NW 23RD ROAD <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT <b>NAME</b> FRANK STADULIS <b>STREET ADDRESS</b> 6342 NW 24th ST <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> ROGERS, MELVIN <b>STREET ADDRESS</b> 20694 NW 26TH AVE <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> FRANCES STEINMARK <b>STREET ADDRESS</b> 2974 NW 23RD RD <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BLOCH, RICHARD <b>STREET ADDRESS</b> 6375 NW 23RD ST <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MINICH, LLOYD <b>STREET ADDRESS</b> 2341 NW 25TH WY <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FUREN, STANLEY <b>STREET ADDRESS</b> 6246 NW 23RD ST <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SECRETARY <b>NAME</b> JIM ARDITO <b>STREET ADDRESS</b> 20701 NW 29th AVENUE <b>CITY-ST-ZIP</b> BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<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>					
<b>SIGNATURE:</b> <i>John Cappelletti</i> <i>John Cappelletti</i> 3-24-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					