


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90203 035 ****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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0142119**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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	VP	<input type="checkbox"/> Delete
NAME	CAPPELLETTI, JOHN	
STREET ADDRESS	6399 NORTHWEST 24TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	PT	<input type="checkbox"/> Delete
NAME	EATOUGH, NORMAN	
STREET ADDRESS	20685 NORTHWEST 28TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EYLER, BONNIE	
STREET ADDRESS	20694 NORTHWEST 29TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PORTE, CHRISTOPHER	
STREET ADDRESS	20678 NW 26TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMM, DONALD	
STREET ADDRESS	6220 NORTHWEST 23RD PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> Delete*
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Di	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Kohnreich	
STREET ADDRESS	4184 NW 23 Road	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guy Gardoqui	
STREET ADDRESS	6350 NW 23rd Street	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Sigda	
STREET ADDRESS	6277 NW 23 Road	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stuart Nussbaum	
STREET ADDRESS	20667 NW 27 Ave	
CITY-ST-ZIP	BOCA RATON FL 33434	

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 fee empowered.

SIGNATURE: *[Signature]* **J. EATOUGH** 1/21/03 451-2501

CR2E037 (10/02)