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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33736** (2)

1. Corporation Name

SANTA BARBARA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 690 S.E. 23RD AVENUE UNIT 4 POMPANO BEACH FL 33062 US	Mailing Address 690 S.E. 23RD AVENUE UNIT 4 POMPANO BEACH FL 33062-6400 US	3. Date Incorporated or Qualified 08/16/1989	3a. Date of Last Report 06/17/1996
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2. Principal Place of Business 21 690 S.E. 23rd AVENUE Suite, Apt. #, etc. 22 UNIT 1 City & State 23 POMPAÑO BEACH, FL. Zip 24 33062	2a. Mailing Address 26 690 S.E. 23rd AVENUE Suite, Apt. #, etc. 27 UNIT 1 City & State 28 POMPAÑO BEACH, FL. Zip 29 33062	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Country 25 U.S.A.	Country 30 U.S.A.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAMBERT, CAROL 690 S.E. 23RD AVENUE UNIT 4 POMPANO BEACH FL 33062	10. Name and Address of New Registered Agent 81 Name VINCENT, JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 690 S.E. 23rd AVE UNIT 1 83 84 City POMPAÑO BEACH FL 85 Zip Code 33062
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Joseph I. Vincent* MARCH 3, 1997
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VERDIN, DON		1.2 NAME CLARK, MELANIE	
STREET ADDRESS 690 SE 23RD AVENUE		1.3 STREET ADDRESS 690 S.E. 23rd AVE. #2	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP POMPANO BEACH, FL. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME STRATNER, PAUL		2.2 NAME	
STREET ADDRESS 690 S.E. 23RD AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		2.4 CITY-ST-ZIP	
TITLE DST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DS/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAMBERT, CAROL		3.2 NAME VINCENT, JOSEPH	
STREET ADDRESS 690 S.E. 23RD AVE. #4		3.3 STREET ADDRESS 690 S.E. 23rd AVE. #1	
CITY-ST-ZIP POMPANO BEACH FL		3.4 CITY-ST-ZIP POMPANO BEACH, FL. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME LAMBERT, CAROL	
STREET ADDRESS		4.3 STREET ADDRESS 690 S.E. 23rd AVE. #4	
CITY-ST-ZIP		4.4 CITY-ST-ZIP POMPANO BEACH, FL. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME VERDIN, DONALD	
STREET ADDRESS		5.3 STREET ADDRESS 690 S.E. 23rd AVE. #3	
CITY-ST-ZIP		5.4 CITY-ST-ZIP POMPANO BEACH, FL. 33062	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Lambert* 3-3-97 (954) 943-0470

CR2E037 (9/96)