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Apr 30 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001297 (0)

1. Corporation Name

SANTA BARBARA AT GRAND PALMS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

15631 SW 12TH ST.
PEMBROKE PINES FL 33027

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487

3. Date Incorporated or Qualified

03/15/1994

4. FEI Number

65-0479690

Applied For

Not Applicable

2. Principal Place of Business

21 P.O. Box 822005

Suite, Apt. #, etc.

22

City & State

23 South Florida FL

Zip

24 33082

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMUNITY ASSOCIATION SERVICES, INC.

951 BROKEN SOUND PARKWAY

SUITE 250

FT. LAUDERDALE FL 33310 BOCA RATON, FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Boca Raton FL

85 Zip Code

33487

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

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 TD
NAME FIALLO, HENRY
STREET ADDRESS 1071 SW 159TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL

☒ DELETE

TITLE D
NAME GARCIA, JUAN
STREET ADDRESS 1111 SW 156TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE PD
NAME MESSANA, THOMAS
STREET ADDRESS 15631 SW 12TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE SO
NAME NEFF, ARLENA
STREET ADDRESS 15650 SW 12TH STREET
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE VD
NAME O'DONNELL, FRANK
STREET ADDRESS 1100 SW 156TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information furnished 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 in an attachment with an address.

SIGNATURE:

THOMAS MESSANA

4/16/98

561-994-1788

CR2E037 (10/97)