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**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90017 009 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000001297**

1. Corporation Name

**SANTA BARBARA AT GRAND PALMS ASSOCIATION, INC.**

Principal Place of Business

P O BOX 822005  
SOUTH FLORIDA FL 33082  
US

Mailing Address

951 BROKEN SOUND PARKWAY  
SUITE 250  
BOCA RATON FL 33487

464196 - 90017 - 86



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/15/1994

4. FEI Number

65-0479690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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**  
**BOCA RATON FL 33487**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **D** DELETE

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

TITLE **PD** DELETE

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

TITLE **SD** ☒ DELETE

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

TITLE **VD** DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 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, with all other like empowered.

SIGNATURE:

*Thomas Messana* **SIGNATURE REQUIRED** Thomas MESSANA 4/16/99 561-994-1786

CR2E037 (11/98)