



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90032 005 \*\*\*150.00

<b>DOCUMENT # P03000016409</b> 1. Entity Name SANTA BARBARA VILLAS, INC.					
Principal Place of Business 4905 CHIQUITA BLVD STE 101 CAPE CORAL, FL 33904			Mailing Address 4905 CHIQUITA BLVD STE 101 CAPE CORAL, FL 33904		
2. Principal Place of Business <i>912 SE 46<sup>th</sup> LANE</i> Suite, Apt. #, etc. <i>201</i>		3. Mailing Address <i>912 SE 46<sup>th</sup> LANE</i> Suite, Apt. #, etc. <i>201</i>			
City & State <i>CAPE CORAL FL</i>		City & State <i>CAPE CORAL FL</i>		4. FEI Number 20-0696080	
Zip <i>33904</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  SCHUTT, DARRIN R 4905 CHIQUITA BLVD STE 101 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1105 CAPE CORAL PKWY E Ste C</i> City <i>CAPE CORAL</i> <i>FL</i> Zip Code <i>33904</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, MARJORIE 4905 CHIQUITA BLVD. 101 CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>912 SE 46<sup>th</sup> LN Ste 201</i> <i>CAPE CORAL FL 33914</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERTZ, SCOTT 4905 CHIQUITA BLVD 101 CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>912 SE 46<sup>th</sup> LN Ste 201</i> <i>CAPE CORAL FL 33914</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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.					
SIGNATURE: <i>Marjorie Powell</i> <i>MARJORIE POWELL</i> Date <i>1/5/05</i> Daytime Phone # <i>239 540 0055</i>					