2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016409

Address:

City-St-Zip:

565 N. SNORE DR.

MIAMI BEACH, FL 33141

Entity Name: SANTA BARBARA VILLAS, INC.

FILED Jun 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 804 NICHOLAS PKWY E CAPE CORAL, FL 33990 **Current Mailing Address: New Mailing Address:** 804 NICHOLAS PKWY E CAPE CORAL, FL 33990 FEI Number: 20-0696080 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHUTT, DARRIN R 1105 CAPE CORAL PKWY E CAPE CORAL, FL 33904 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HERTZ, SCOTT Name: Name: 804 NICHOLAS PKWY E #2 Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: VILLALON, ANDRES Name: 12660 COUNTRY EAGLE LANE Address: Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: Title: Title: () Delete () Change () Addition MILLER, CAROL Name: Name: 3376 COLONY CT Address: Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: Title: () Delete Title: () Change () Addition HERTZ, JACQUELINE S Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SCOTT HERTZ P 06/05/2009