

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001297

Entity Name: SANTA BARBARA AT GRAND PALMS ASSOCIATION, INC.**Current Principal Place of Business:**MIAMI MANAGEMENT INC.
1145 SAWGRASS CORPORATE PARWAY
SUNRISE, FL 33323**Current Mailing Address:**MIAMI MANAGEMENT INC.
1145 SAWGRASS CORPORATE PARWAY
SUNRISE, FL 33323 US**FEI Number:** 65-0479690**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLLANDER, RHONDA
314 SOUTH FEDERAL HIGHWAY
DANIA, FL 33004 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:** RHONDA HOLLANDER

04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	TEMPLIN, TODD
Address	MIAMI MANAGEMENT INC. 1145 SAWGRASS CORPORATE PARWAY
City-State-Zip:	SUNRISE FL 33323

Title	VP
Name	CARLOS, DOMINGOS
Address	MIAMI MANAGEMENT INC. 1145 SAWGRASS CORPORATE PARWAY
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	CUSHING, KURT
Address	MIAMI MANAGEMENT INC. 1145 SAWGRASS CORPORATE PARWAY
City-State-Zip:	SUNRISE FL 33323

Title	TREASURER
Name	NICHOLSON, TIM
Address	MIAMI MANAGEMENT INC. 1145 SAWGRASS CORPORATE PARWAY
City-State-Zip:	SUNRISE FL 33323

Title	DIRECTOR
Name	NASH, MARK
Address	MIAMI MANAGEMENT INC. 1145 SAWGRASS CORPORATE PARWAY
City-State-Zip:	SUNRISE FL 33323

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD TEMPLIN

PRESIDENT

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date