

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90065 018 ****61.25

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DOCUMENT # 737462					
1. Entity Name ESCONDIDO HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O 7932 WILES ROAD CORAL SPRINGS, FL 33067			Mailing Address C/O 7932 WILES ROAD CORAL SPRINGS, FL 33067		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2121569	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRONSTEIN, BILL 21094 MADRIA CIRCLE BOCA RATON, FL 33433			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR -	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRONSTEIN, BILL		NAME	VERITY, SUSAN	
STREET ADDRESS	21094 MADRIA CIRCLE		STREET ADDRESS	21111 ESCONDIDO WAY NORTH	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAKKAL, LINDA		NAME	HARRIS, RAY	
STREET ADDRESS	21077 ESCONDIDO WAY		STREET ADDRESS	21025 MADRIA CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DIRECTOR - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTNER, DARREN		NAME	IOSILEVICH, AL	
STREET ADDRESS	8654 VISTA DEL BOCA DRIVE		STREET ADDRESS	21005 MADRIA CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESKY, BARTON		NAME		
STREET ADDRESS	21022 MADRIA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARLIMENT, KAREN		NAME		
STREET ADDRESS	21212 ESCONDIDO WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RYAN		NAME		
STREET ADDRESS	8649 VISTA DEL BOCA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
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 617, 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:			3130/04 954 344 5353		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #