

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2005 8:00 am**  
**Secretary of State**

05-11-2005 90122 034 \*\*\*\*61.25

|   |                           |  |   |   |   |
|---|---------------------------|--|---|---|---|
| DOCUMENT # 737462   |                           |  |   |  |   |
| 1. Entity Name<br>ESCONDIDO HOMEOWNERS ASSOCIATION, INC.  |                           |  |   |   |   |
| Principal Place of Business<br>C/O 7932 WILES ROAD<br>CORAL SPRINGS, FL 33067   |                           |  | Mailing Address<br>C/O 7932 WILES ROAD<br>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   |
| 6. Name and Address of Current Registered Agent   |                           |  |   | 7. Name and Address of New Registered Agent                                       |   |
| BRONSTEIN, BILL<br>21094 MADRIA CIRCLE<br>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 _____ DATE _____  |                           |  |   |   |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                           |  |   |   |   |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |   |
| 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   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | BRONSTEIN, BILL           |  | NAME  |   |   |
| STREET ADDRESS  | 21094 MADRIA CIRCLE       |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | BOCA RATON, FL 33433      |  | CITY-ST-ZIP   |   |   |
| TITLE   | DS                        | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | SAKKAL, LINDA             |  | NAME  |   |   |
| STREET ADDRESS  | 21077 ESCONDIDO WAY       |  | STREET ADDRESS  |   |   |
| CITY-ST-ZIP   | BOCA RATON, FL 33433      |  | CITY-ST-ZIP   |   |   |
| TITLE   | DT                        | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | PORTNER, DARREN           |  | NAME  |   |   |
| STREET ADDRESS  | 8654 VISTA DEL BOCA DRIVE |  | 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  | 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: <i>William Bronstein President</i>   |                           |  | 4/15/05   |   | 954-3445353   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                           |  | Date  |   | Daytime Phone #   |
| William BRONSTEIN   |                           |  |   |   |   |



03312005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2121569 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

50051017

FL Zip Code

William BRONSTEIN