

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 740467 (6)
1. Corporation Name
ESTANCIA SOUTH HOMEOWNERS ASSOCIATION, INC.



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| Principal Place of Business 5183 NW 15TH ST. MARGATE FL 33063 | Mailing Address C/O MANAGEMENT SERVICES POST OFFICE BOX 8845 CORAL SPRINGS FL 33075 US |
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| 3. Date Incorporated or Qualified 10/18/1977 | |
| 4. FEI Number 59-1797557 | Applied For <input type="checkbox"/> Not Applicable |

| | | | |
|--------------------------------------|---|---------------|--------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 951 Broken Sound Suite, Apt. #, etc. 27 Parkway Ste 250 City & State 28 BOCA RATON, FL Zip 29 33487 | Country 25 | Country 30 Palm Beach |
|--------------------------------------|---|---------------|--------------------------|

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|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
KELLEY, PHILLIP R.
8955 WILES ROAD
STE 105
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent
81 Name Community Assoc. Services
82 Street Address (P.O. Box Number is Not Acceptable) 951 Broken Sound Parkway
83 Ste 250
84 City Boca Raton FL 85 Zip Code 33487

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Phillip Kelley* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | FOWLER, KATHLEEN | |
| STREET ADDRESS | 6771 GIRALDA CIRCLE | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | WALKER, SUSAN | |
| STREET ADDRESS | 6879 GIRALDA CIR | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ENGLEHART, WILLIAM | |
| STREET ADDRESS | 6811 GIRALDA CIRCLE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | OBEID, JOSEPH | |
| STREET ADDRESS | 21088 VERDE TRAIL | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WASSERSMAN, ANN | |
| STREET ADDRESS | 6855 GIRALDA CIRCLE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Walker, Susan | |
| 2.3 STREET ADDRESS | 6879 Giralda Circle | |
| 2.4 CITY-ST-ZIP | Boca Raton, FL | |
| 3.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Weinstein, Eve | |
| 3.3 STREET ADDRESS | 6812 Giralda Circle | |
| 3.4 CITY-ST-ZIP | Boca Raton, FL | |
| 4.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Obeid, Joseph | |
| 4.3 STREET ADDRESS | 21088 Verde Trail | |
| 4.4 CITY-ST-ZIP | Boca Raton, FL | |
| 5.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Wasserman, Ann | |
| 5.3 STREET ADDRESS | 6855 Giralda Circle | |
| 5.4 CITY-ST-ZIP | Boca Raton, FL | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Bell, Robbin | |
| 6.3 STREET ADDRESS | 6705 Giralda Circle | |
| 6.4 CITY-ST-ZIP | Boca Raton, FL | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ann Wasserman, Treasurer* 4-15-98 561-994-1788

CR2E037 (10/97)