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**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90033 021 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740467**

1. Corporation Name  
**ESTANCIA SOUTH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 5183 NW 15TH ST. MARGATE FL 33063	Mailing Address 951 BROKEN SOUND PKWY STE 250 BOCA RATON FL 33487 US
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2. Principal Place of Business 21 <b>C/O CAS</b>	2a. Mailing Address 26 <b>C/O CAS</b>	3. Date Incorporated or Qualified <b>10/18/1977</b>
Suite, Apt. #, etc. 22 <b>951 Broken Sound Pkwy. Ste 250</b>	Suite, Apt. #, etc. 27	4. FEI Number <b>59-1797557</b>
City & State 23 <b>Boca Raton, Fl.</b>	City & State 28 <b>Sumner</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip 24 <b>33487</b>	Country 25 <b>US</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent <b>COMMUNITY ASSOC SERVICES 951 BROKEN SOUNDS PKWY STE 250 BOCA RATON FL 33487</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>951 Broken Sound Parkway Ste 250</b> 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELL, ROBBIN</b>		1.2 NAME <b>BELL, ROBBIN</b>	
STREET ADDRESS <b>6705 GIRALDA CIR</b>		1.3 STREET ADDRESS <b>6705 GIRALDA CIR</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		1.4 CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WALKER, SUSAN</b>		2.2 NAME	
STREET ADDRESS <b>6879 GIRALDA CIR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEINSTEIN, EVE</b>		3.2 NAME	
STREET ADDRESS <b>6812 GIRALDA CIR</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>VP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OBEID, JOSEPH</b>		4.2 NAME <b>OBEID, JOSEPH</b>	
STREET ADDRESS <b>21088 VERDE TRAIL</b>		4.3 STREET ADDRESS <b>21088 VERDE TRAIL</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		4.4 CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WASSERMAN, ANN</b>		5.2 NAME <b>WASSERMAN, ANN</b>	
STREET ADDRESS <b>6855 GIRALDA CIRCLE</b>		5.3 STREET ADDRESS <b>6855 GIRALDA CIR</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		5.4 CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>Cerino, David</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>6881 Giralda Circle</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>Boca Raton, Fl. 33433</b>	

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, with all other like empowered.

SIGNATURE: Joseph Obeid 1-27-99 954-351-3930  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)