


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90014 005 ****61.25

DOCUMENT # 740467		
1. Entity Name ESTANCIA SOUTH HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business C/O CAS 951 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487		Mailing Address C/O CAS 951 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487 US
2. Principal Place of Business - No P.O. Box # <i>C/O CAS</i>	3. Mailing Address <i>C/O CAS</i>	
Suite, Apt. #, etc. <i>1901 S. Congress Ave</i>	Suite, Apt. #, etc. <i>1901 S. Congress Ave Ste 480</i>	
City & State <i>Boynton Beach FL</i>	City & State <i>Boynton Beach, FL</i>	
Zip <i>33426</i>	Country	Country

40040300



01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1797557

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C.A.S. REALTY MANAGEMENT, LLC 1901 S. Congress Avenue Suite 480 Boynton Beach, FL 33426		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

I, the above named entity, submit 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, ROBBIN 6705 GIRALDA CIR BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINSTEIN, ERIC 6812 GIRALDA CIR BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Josh Bock - VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6943 Giralda Circle Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OBEID, JOSEPH A 21088 VERDE TRAIL BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Francisco Bernal - T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6923 Giralda Circle Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZEIGERT, MELANIE 21110 VERDE TRAIL BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHINE, FRANK 6965 GIRALDA CIRCLE BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mitchell Rippe - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6878 Giralda Circle Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* Date: 3/17/08 Daytime Phone # _____