

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740675 (4)

1. Corporation Name

ESTANCIA WEST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 5295 TOWN CENTER RD SUITE 3 BOCA RATON, FL 33487 US	Mailing Address C/O LANG MGT STE 200 BOCA RATON, FL 33486 US
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3. Date Incorporated or Qualified 11/01/77	3a. Date of Last Report 2/20/96
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2. Principal Place of Business 21 5295 Town Center Rd Suite, Apt. #, etc. 22 suite 200 City & State 23 Boca Raton, FL Zip 24 33486	2a. Mailing Address 26 5295 Town Center Rd Suite, Apt. #, etc. 27 suite 200 City & State 28 Boca Raton, FL Zip 29 33486	4. FEI Number 59-1797564 Applied For Not Applicable	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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
STE. 200
BOCA RATON, FL 33486

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINESS, MICHAEL	12 NAME	
STREET ADDRESS	20957 PINAR TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	14 CITY-ST-ZIP	
TITLE	VP/D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELDIN, RANDY	22 NAME	
STREET ADDRESS	20967 SOLONO WAY	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	24 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMBERG, PAUL	32 NAME	
STREET ADDRESS	20982 PINAR TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	34 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHAN, MINDY	42 NAME	
STREET ADDRESS	20975 PINAR TRAIL	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPARATO, ROBERT	52 NAME	
STREET ADDRESS	7499 ESTRELLA CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 561 427-5000
Date Daytime Phone #

CR2E037 (9/96)