

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741200 (0)

1. Corporation Name

ESTANCIA SPORTS AND LEISURE PARK ASSOCIATION, INC



Principal Place of Business	Mailing Address
C/OLANG MANAGEMENT CO. INC 5295 TOWN CENTER ROAD, STE 200 BOCA RATON FL 33486 US	C/OLANG MANAGEMENT 5295 TOWN CENTER ROAD, STE 200 BOCA RATON FL 33486 US

3. Date Incorporated or Qualified: 12/30/1977  
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1794309	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.  
C/O LANG MANAGEMENT CO.  
5295 TOWN CENTER RD STE #200  
BOCA RATON FL 33486

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

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHAN, MINDY	12 NAME	VP/D Kahan, Mindy
STREET ADDRESS	20975 PINAR TR	13 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33433	14 CITY - ST - ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUDIEN, AVERY	22 NAME	D Zeldin, Randy MR
STREET ADDRESS	20967 VERANO WAY	23 STREET ADDRESS	20967 Solano Way
CITY - ST - ZIP	BOCA RATON FL	24 CITY - ST - ZIP	Boca Raton FL 33433
TITLE	TD <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCULLOCH, ROBERT	32 NAME	D McCulloch, Robert
STREET ADDRESS	6965 GIRALDA CIRCLE	33 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINESS, MICHAEL	42 NAME	S/T Winess, Michael
STREET ADDRESS	20957 CIPRES WAY	43 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	44 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIMBERG, PAUL	52 NAME	
STREET ADDRESS	20982 PINAR	53 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

2/20/96 407-392-9000

Date

Daytime Phone #

CR2E037 (12/95)