

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 C/OLANG MANAGEMENT CO. INC 5295 TOWN CENTER ROAD, STE 200 BOCA RATON FL 33486 US | Mailing Address C/OLANG MANAGEMENT 5295 TOWN CENTER ROAD, STE 200 BOCA RATON FL 33486 US |
|--|--|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 12/30/1977 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 4. FEI Number 59-1794309 | | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

| | |
|--|---------------------------------------|
| 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 checked="" 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 checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

| | | |
|----------------|-----------------------------|--|
| TITLE | VPO | <input checked="" type="checkbox"/> DELETE |
| NAME | KAHAN, MINDY | |
| STREET ADDRESS | 20973 PINAR TR | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ZELDIN, RANDY | |
| STREET ADDRESS | 20967 SOLANO WAY | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MCCULLOCH, ROBERT | |
| STREET ADDRESS | 6965 GIRALDA CIRCLE | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | WINESS, MICHAEL | |
| STREET ADDRESS | 20957 CIPRES WAY | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HEIMBERG, PAUL | |
| STREET ADDRESS | 20982 PINAR | |
| 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 | V. Pres. D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Andrew Gale | |
| 1.3 STREET ADDRESS | 20967 Blanca Terrace | |
| 1.4 CITY-ST-ZIP | Boca Raton, FL. 33433 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Augustus P. McDade | |
| 3.3 STREET ADDRESS | 6834 Giralda Cir. | |
| 3.4 CITY-ST-ZIP | Boca Raton, FL. 33433 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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: *Michael Winess*

2/6/98

CR2E037 (10/97)