2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90280 043 ****61.25

DOCUMENT # N03000002220

1. Entity Name
ESTANCIA PALM SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
701 W CYPRESS CREEK RD, 3RD FL FT LAUDERDALE, FL 33309	701 W CYPRESS CREEK RD, 3RD FL FT LAUDERDALE, FL 33309

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01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
85-0550759
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BIBAS, OLIVIER
701 W CYPRESS CREEK RD, 3RD FL
FT LAUDERDALE, FL 33309

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8. The above named entity submits 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 X _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BIBAS, OLIVIER
STREET ADDRESS	701 W CYPRESS CREEK RD, 3RD FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	VD
NAME	KODSI, ISAAC
STREET ADDRESS	701 W CYPRESS CREEK RD, 3RD FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	STD
NAME	KODSI, JOSEPH
STREET ADDRESS	701 W CYPRESS CREEK RD, 3RD FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #