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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001159

1. Corporation Name

ESTANCIA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

% PHOENIX MANAGEMENT
541 S. STATE ROAD 7 #12
MARGATE FL 33068
US

Mailing Address

% PHOENIX MANAGEMENT
541 S. STATE ROAD 7 #12
MARGATE FL 33068
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/07/1995

4. FEI Number

65-0564449

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KATZMAN, & KORR, P.A.
1100 SOUTH STATE RD. 7
SUITE 102
MARGATE FL 33068

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 of 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

T ☐ DELETE

NAME ROBERT A FERNANDEZ
STREET ADDRESS 350 SW 187TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

D ☐ DELETE

NAME NAPLES, DONNA
STREET ADDRESS 477 SW 191 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

P ☐ DELETE

NAME BAREA, ROBERT
STREET ADDRESS 337 SW 185 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

VD ☐ DELETE

NAME MILLER, OSVALDO C
STREET ADDRESS 18440 SW 4 STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

S ☐ DELETE

NAME RAMON DIAZ
STREET ADDRESS 18530 SW 4TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

[Signature] PRESIDENT

1-12-99

(954) 438-5625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)