

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001159

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** ESTANCIA PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

% LANDMARK MANAGEMENT SERVICES  
1941 NORTHWEST 150TH AVENUE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

% LANDMARK MANAGEMENT SERVICES  
1941 NORTHWEST 150TH AVENUE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

**FEI Number:** 65-0564449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL, P.A.  
1501 N.W. 49TH ST.  
SUITE 202  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: FERNANDEZ, ROBERT A  
Address: 350 SW 187TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: PD ( ) Delete  
Name: NAPLES, DONNA  
Address: 477 SW 191 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VPD ( ) Delete  
Name: LISS, JOYCE  
Address: 19114 S.W. 4 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: DIAZ, RAMON  
Address: 18530 SW 4TH ST  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D ( ) Delete  
Name: MIRABAL, JORGE  
Address: 313 SW 187 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete  
Name: TUMMINO, ROBERT  
Address: 331 SW 187 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA NAPLES

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date