

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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

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 ☐ DELETE
NAME **D**
STREET ADDRESS **KAHAN, MINDY**
CITY-ST-ZIP **20975 PINAR TR**
BOCA RATON, FL 33433

11 TITLE ☒ Change ☐ Addition
12 NAME **VP/D**
13 STREET ADDRESS **Kahan, Mindy**
14 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **YUDIEN, AVERY**
CITY-ST-ZIP **20967 VERANO WAY**
BOCA RATON FL

21 TITLE ☐ Change ☒ Addition
22 NAME **D**
23 STREET ADDRESS **Zeldin, Randy MR**
24 CITY-ST-ZIP **20967 Solano Way**
Boca Raton FL 33433

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MCCULLOCH, ROBERT**
CITY-ST-ZIP **6965 GIRALDA CIRCLE**
BOCA RATON FL

31 TITLE ☒ Change ☐ Addition
32 NAME **D**
33 STREET ADDRESS **McCulloch, Robert**
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WINESS, MICHAEL**
CITY-ST-ZIP **20957 CIPRES WAY**
BOCA RATON FL

41 TITLE ☒ Change ☐ Addition
42 NAME **S/T**
43 STREET ADDRESS **Winess, Michael**
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **HEIMBERG, PAUL**
CITY-ST-ZIP **20982 PINAR**
BOCA RATON FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)