


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **741200** (0)  
1. Corporation Name  
**ESTANCIA SPORTS AND LEISURE PARK ASSOCIATION, INC**



Principal Place of Business <b>C/OLANG MANAGEMENT CO. INC 5295 TOWN CENTER ROAD. STE 200 BOCA RATON FL 33486 US</b>	Mailing Address <b>C/OLANG MANAGEMENT 5295 TOWN CENTER ROAD. STE 200 BOCA RATON FL 33486 US</b>
--	--

3. Date Incorporated or Qualified  
**12/30/1977**

4. FEI Number  
**59-1794309**

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

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VPD</b>	1.1 TITLE	<b>V. Pres. D</b>
NAME	<b>RAHAN, MINDY</b>	1.2 NAME	<b>Andrew Gale</b>
STREET ADDRESS	<b>20973 PINAR TR</b>	1.3 STREET ADDRESS	<b>20967 Blanca Terrace</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL. 33433</b>
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>ZELDIN, RANDY</b>	2.2 NAME	
STREET ADDRESS	<b>20967 SOLANO WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>Director</b>
NAME	<b>MCCULLOCH, ROBERT</b>	3.2 NAME	<b>Augustus P. McDade</b>
STREET ADDRESS	<b>6965 GIRALDA CIRCLE</b>	3.3 STREET ADDRESS	<b>6834 Giralda Cir.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	<b>Boca Raton, FL. 33433</b>
TITLE	<b>ST</b>	4.1 TITLE	
NAME	<b>WINESS, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>20957 CIPRES WAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b>	5.1 TITLE	
NAME	<b>HEIMBERG, PAUL</b>	5.2 NAME	
STREET ADDRESS	<b>20982 PINAR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  2/6/98

CR2E037 (10/97)