

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 753632

1. Corporation Name

NEW FLORESTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O HAWK-EYE MGMT INC
3901 N FED HWY SUITE 202
BOCA RATON FL 33431
US

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3901 N FED HWY SUITE 202
BOCA RATON FL 33431
US

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90028 049 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 {		26 {		08/05/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 {		27 {		59-2746794	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 {		28 {		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 { 25 {		29 { 30 {			

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL J., ESQ.
250 AUSTRALIAN AVE. S., SUITE 1010
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 {	
84 City	FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSELL, PATRICK	1.2 NAME	Mansell, Patrick
STREET ADDRESS	2911 N.W. 27TH AVE	1.3 STREET ADDRESS	2911 NW 27th Ave.
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLANT, BO	2.2 NAME	Castle, John
STREET ADDRESS	2701 N.W. 25TH WAY	2.3 STREET ADDRESS	2615 N.W. 24th Drive
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, JOHN	3.2 NAME	
STREET ADDRESS	2574 N.W. 29TH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFF COLEMAN	4.2 NAME	
STREET ADDRESS	2551 N.W. 27TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZONA, KAREN	5.2 NAME	
STREET ADDRESS	2801 NW 26TH COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN TREESE, CLIFF	6.2 NAME	
STREET ADDRESS	2713 NW 27TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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