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Apr 13, 1999 8:00 am  
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 # 741200

1. Corporation Name

ESTANCIA SPORTS AND LEISURE PARK ASSOCIATION, INC

Principal Place of Business

C/OLANG MANAGEMENT CO. INC  
5295 TOWN CENTER ROAD. STE 200  
BOCA RATON FL 33486  
US

Mailing Address

C/OLANG MANAGEMENT  
5295 TOWN CENTER ROAD. STE 200  
BOCA RATON FL 33486  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/30/1977

4. FEI Number

59-1794309

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

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

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD  
NAME GALE, ANDREW  
STREET ADDRESS 20967 BLANCA TERR  
CITY-ST-ZIP BOCA RATON, FL 33433 33433

☐ DELETE

TITLE D  
NAME ZELDIN, RANDY  
STREET ADDRESS 20967 SOLANO WAY  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE D  
NAME MCDADE, AUGUSTUS P  
STREET ADDRESS 6834 GIRALDA CIR  
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SECRETARY

☒ 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

TREASURER

☒ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Resident Member, 3/24/99

561-392-9000

CR2F037 (11/98)