



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001159</b>	
<b>1. Entity Name</b> ESTANCIA PROPERTY OWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> % KATZMAN & KORR, P.A. 5581 W. OAKLAND PARK BLVD., 2ND FLOOR LAUDERHILL, FL 33313 US	<b>Mailing Address</b> % KATZMAN & KORR, P.A. 5581 W. OAKLAND PARK BLVD., 2ND FLOOR LAUDERHILL, FL 33313 US
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01122004 No Chg-NP	CR2E037 (10/03)
<b>4. FEI Number</b> 65-0564449	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  KATZMAN & KORR 5581 W. OAKLAND PK BLVD FORT LAUDERDALE, FL 33313	<b>DO NOT WRITE IN THIS SPACE</b>
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD FERNANDEZ, ROBERT A 350 SW 187TH AVE PEMBROKE PINES, FL 33029
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD NAPLES, DONNA 477 SW 191 TERRACE PEMBROKE PINES, FL 33029
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	SD LISS, JOYCE 19114 S.W. 4 STREET PEMBROKE PINES, FL 33029
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VD DIAZ, RAMON 18530 SW 4TH ST PEMBROKE PINES, FL 33029
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D CUTLER, HAROLD 369 SW 192 AVE PEMBROKE PINES, FL 33029
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D TUMMINO, ROBERT 331 SW 187 AVE PEMBROKE PINES, FL 33029

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 02/04/04-80035-006 61.25

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Robert A Fernandez - Treasurer JAN 26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROBERT A. FERNANDEZ