

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90280 043 ****61.25

DOCUMENT # N03000002220
1. Entity Name
ESTANCIA PALM SPRINGS HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business
701 W CYPRESS CREEK RD, 3RD FL
FT LAUDERDALE, FL 33309

Mailing Address
701 W CYPRESS CREEK RD, 3RD FL
FT LAUDERDALE, FL 33309

4000J100



DO NOT WRITE IN THIS SPACE

01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 85-0550759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIBAS, OLIVIER
701 W CYPRESS CREEK RD, 3RD FL
FT LAUDERDALE, FL 33309

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IN THIS SPACE**

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: (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIBAS, OLIVIER 701 W CYPRESS CREEK RD, 3RD FL FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KODSI, ISAAC 701 W CYPRESS CREEK RD, 3RD FL FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KODSI, JOSEPH 701 W CYPRESS CREEK RD, 3RD FL FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DATE: _____ DAYTIME PHONE #: _____