

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002220

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** ESTANCIA PALM SPRINGS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 85-0550759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KODSI, ISAAC  
Address: 701 W CYPRESS CREEK RD, 3RD FL  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: VPSD ( ) Delete  
Name: CONSOVOY, BARRY  
Address: 1200 CLINT MOORE ROAD # 8  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: KODSI, JOSEPH  
Address: 701 W CYPRESS CREEK RD, 3RD FL  
City-St-Zip: FT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAAC KODSI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/15/2009

\_\_\_\_\_  
Date