•	ESTANCIA PALM SPRINGS HOMEOWNER	S' ASSOCIAT	ION, INC	Secretary of State CC5318508392
	ncipal Place of Business:			
2950 JOG ROA GREENACRES				
Current Mai	ling Address:			
2950 JOG R	ANAGEMENT, INC. OAD ES, FL 33467 US			
FEI Number: 85-0550759 Certificate		Certificate of S	tatus Desired: No	
Name and A	ddress of Current Registered Agent:			
KONYK & LEM 140 INTRACOA SUITE 310 JUPITER, FL 3	STAL POINTE DRIVE			
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in	the State of Florida.
	d entity submits this statement for the purpose of changing its regis CHELLE KONYK	stered office or regis	tered agent, or both, in	the State of Florida. 02/03/2017
		stered office or regis	tered agent, or both, in	
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in	02/03/2017
SIGNATURE	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in	02/03/2017
SIGNATURE Officer/Dire	EIECTRONIC Signature of Registered Agent			02/03/2017
SIGNATURE Officer/Dire	E: CHELLE KONYK Electronic Signature of Registered Agent Ctor Detail : TREASURER	Title	SECRETARY	02/03/2017 Date
SIGNATURE Officer/Dire Title Name	E CHELLE KONYK Electronic Signature of Registered Agent Ctor Detail : TREASURER VONDECK, SUSANNA 924 TALIA CIRCLE	Title Name Address	SECRETARY BEERS, CHERYL	02/03/2017 Date
SIGNATURE Officer/Dire Title Name Address	E CHELLE KONYK Electronic Signature of Registered Agent Ctor Detail : TREASURER VONDECK, SUSANNA 924 TALIA CIRCLE	Title Name Address	SECRETARY BEERS, CHERYL 112 LAS BRISAS (	02/03/2017 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E CHELLE KONYK Electronic Signature of Registered Agent Ctor Detail : TREASURER VONDECK, SUSANNA 924 TALIA CIRCLE PALM SPRINGS FL 33461	Title Name Address	SECRETARY BEERS, CHERYL 112 LAS BRISAS (	02/03/2017 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	E CHELLE KONYK Electronic Signature of Registered Agent Ctor Detail : TREASURER VONDECK, SUSANNA 924 TALIA CIRCLE PALM SPRINGS FL 33461 PRESIDENT	Title Name Address	SECRETARY BEERS, CHERYL 112 LAS BRISAS (	02/03/2017 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent Ctor Detail : TREASURER VONDECK, SUSANNA 924 TALIA CIRCLE PALM SPRINGS FL 33461 PRESIDENT KERR, KAMISHA 417 TALIA CIRCLE	Title Name Address	SECRETARY BEERS, CHERYL 112 LAS BRISAS (	02/03/2017 Date

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300002220

I hereby 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 all other like empowered.

PRES

## SIGNATURE: KAMISHA KERR

Electronic Signature of Signing Officer/Director Detail

FILED Feb 03, 2017