

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **727835** (1)

1. Corporation Name

**ESTANCIA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

6622 SERENA LANE  
BOCA RATON FL 33433  
US

C/O BENCHMARK PROP. MGT. INC.  
7932 WILES ROAD  
CORAL SPRINGS FL 33067  
US

3. Date Incorporated or Qualified  
**10/23/1973**

3a. Date of Last Report  
**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 **C/O Benchmark Prop. Mgmt**

26 **7932 Wiles Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Coral Springs, FL**

28 **Coral Springs,**

24 Zip **33067** 25 Country **Broward**

29 Zip **33067** 30 Country **Broward**

4. FEI Number  
**59-1672014**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUSRAE, BERT  
6622 SERENA LANE  
BOCA RATON FL 33433

81 Name

**Thomas Lieberman**

82 Street Address (P.O. Box Number is Not Acceptable)

**6723 N. Grande Drive**

83

84 City

**Boca Raton**

FL

85 Zip Code **33433**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-8-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☒ DELETE  
NAME **SHAOUY, SAMIRA**  
STREET ADDRESS **6902 ENTRADA PLACE**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE **P** ☐ Change ☒ Addition  
1.2 NAME **Thomas Lieberman**  
1.3 STREET ADDRESS **6723 N. Grande Drive**  
1.4 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **TD** ☒ DELETE  
NAME **HINE, JUDITH**  
STREET ADDRESS **6901 S. GRANDE DRIVE**  
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **S/D** ☐ Change ☒ Addition  
2.2 NAME **Enrique Torres**  
2.3 STREET ADDRESS **6821 S. Grande Drive**  
2.4 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **V** ☐ DELETE  
NAME **HANCE, DAVID**  
STREET ADDRESS **6699 SERENA LANE**  
CITY-ST-ZIP **BOCA RATON, FL 00000**

3.1 TITLE **T/D** ☐ Change ☒ Addition  
3.2 NAME **David Core**  
3.3 STREET ADDRESS **6965 N. Grande Drive**  
3.4 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **PD** ☐ DELETE  
NAME **GUSRAE, BERT L**  
STREET ADDRESS **6622 SERENA LANE**  
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE **D** ☒ Change ☐ Addition  
4.2 NAME **Bert Gusrae**  
4.3 STREET ADDRESS **6622 Serena Lane**  
4.4 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **7000017503007** ☐ Change ☐ Addition  
6.2 NAME **-03/20/96--01007--004**  
6.3 STREET ADDRESS **\*\*\*61.25**  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-7-95**

Date

Daytime Phone #

CR2E037 (12/95)