FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

727835

(1)

ESTANCIA HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business Mailing Address				T CARACA HARAN STARK TANDA SANGA SENIA BINI BINI BINI BINI BINI BINI BINI B
C/O BENCHMARK PROP. MGT. 7832 WILES RD 7832 WILES ROAD CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067			IGT. INC.	3. Date Incorporated or Qualified 10/23/1973
US US				4. FEI Number Applied For
				59-1672014 Not Applicable
2. Principal Place of Business 2a. Mailing Address 21			5. Certificate of Status Desired S8.75 Additional Fee Required	
Sulte, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22 27 City & State City & State			Trust Fund Contribution Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25 29 30 9. Name and Address of Current Registered Agent			30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
CODE	ALAD.		S	cott Knanik
CORE, DAVID			82 Street	Address (P.O. Box Number is Not Acceptable)
6965 N GRANDE DR BOCA RATON FL 33433			83	840 N. Grande Drive
DOON INTOITIE WIND				
-			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 corpo				corporation submits this statement for the purpose of changing its registered
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 STORM SCOTT KOVAPIK PRESIDENT . 2/15/98 Signature, typed or printed named of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS				
12.	alignature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature	reduced when tentstating) DATE
TITLE	OFFICERS AF	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SKLAR, SUSAN		1.1 TITLE	P/T Change Addition
STREET ADDRESS	6664 S GRANDE DRIVE		1.2 NAME	Scott Knapik
	BOCA RATON FL		1.3 STREET ADDRESS	6840 N. Grande Drive
CITY-ST-ZIP TITLE	TD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Boca Raton, FL 33433 V/S X Change ☐ Addition
NAME	WEISS, JOHN	par occerc	2.2 NAME	Susan Sklar
STREET ADDRESS	6668 SERENA LANE		2.3 STREET ADDRESS	6664 S. Grande Drive
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	P	★ DELETE	3.1 TITLE	V/D Change KAddition
NAME	CORE, DAVID		3.2 NAME	Phyllis Gilbert
STREET ADDRESS	6965 N. GRANDE DRIVE		3.3 STREET ADDRESS	6810 Viento Way
CITY-ST-ZIP	BOCA RATON FL	•	3.4. CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	SD	DELETE	4.1 TITLE	D Change MAddition
NAME	DENCKER, CAROLYN		4. 2 NAME	RebertmaMercado
STREET ADDRESS	6957 CORTO CIRCLE		4.3 STREET ADDRESS	6841 N. Grande Drive
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY - ST- ZIP	Boca Raton, FL 33433
TITLE	D	DELETE	5.1 TITLE	Change Addition
NAME	HANCE, DAVID		5.2 NAME	· · · -
STREET ADDRESS	6699 SERENA LN		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

6.2 NAME

6.3 STREET ADDRESS

* X //

NAME

STREET ADDRESS

CITY-ST-ZIP

2/15/98

FILED

Feb 23 1998 8:00am

Secretary of State