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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727835

1. Corporation Name

ESTANCIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

c/o Hawk-Eye Mgt.
3901 N. Federal Hwy.
Boca Raton, FL. 33431

c/o Hawk-Eye Mgt.
3901 N. Federal Hwy.
Boca Raton, FL. 33431

IC.



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

10/23/1973

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

9. Name and Address of Current Registered Agent

KNAPIK, SCOTT
6840 N GRANDE DR
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SKLAR, SUSAN	
STREET ADDRESS	6664 S GRANDE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	KNAPIK, SCOTT	
STREET ADDRESS	6840 N GRANDE DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	SKLAR, SUSAN	
STREET ADDRESS	6664 S GRANDE DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GILBERT, PHYLLIS	
STREET ADDRESS	6810 VIENTO WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANCE, DAVID	
STREET ADDRESS	6699 SERENA LN	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERCADO, ROBERTO	
STREET ADDRESS	6841 N GRANDE DR	
CITY-ST-ZIP	BOCA RATON FL 33433	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roberto Mercado	
1.3 STREET ADDRESS	6841 N. Grande Drive	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jerry Ruderman	
2.3 STREET ADDRESS	6832 Viento Way	
2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nancy Gold	
3.3 STREET ADDRESS	6820 S. Grande Drive	
3.4 CITY-ST-ZIP	Boca aton, FL 33433	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)