

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727835

1. Entity Name

ESTANCIA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90011 028 \*\*\*\*61.25

Principal Place of Business	Mailing Address
3901 N. FEDERAL HWY MANAGEMENT, INC. SUITE # 202 BOCA RATON FL 33431 US	3901 N. FEDERAL HWY MANAGEMENT, INC. SUITE # 202 BOCA RATON FL 33431 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O HAWK-EYE MANAGEMENT Suite, Apt. #, etc. 3901 N. FEDERAL HWY, STE 202 City & State BOCA RATON, FLORIDA Zip 33431 Country US	3. Mailing Address C/O HAWK-EYE MANAGEMENT Suite, Apt. #, etc. 3901 N. FEDERAL HWY, STE 202 City & State BOCA RATON, FLORIDA Zip 33431 Country U.S.
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4. FEI Number 59-1672014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  PATTI, PAUL N 3901 N. FEDERAL HWY SUITE 202 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDERMAN, JERRY 6832 VIENTO WAY BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERLINER, ARNOLD 6721 SERENA LANE BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KNAPIK, SCOTT 6840 N GRANDE DR BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLD, NANCY 6720 S. GRANDE DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINSON, ALAN 6857 ENTRADA PLACE BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LEVINSON, ALAN = 1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDBERG, SARAH 6803 N GRANDE DRIVE BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SCHULTZ, STAN 6835 VIENTO WAY BOCA RATON, FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAREKOS, PETER 6688 SERENA LANE BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 3/20/02 Telephone #: 561-883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)