

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90022 011 ****61.25

DOCUMENT # 727835

1. Entity Name
ESTANCIA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O HAWK-EYE MANAGEMENT
3901 N FEDERAL HWY, SUITE 202
BOCA RATON, FL 33431 US**

Mailing Address
**C/O HAWK-EYE MANAGEMENT
3901 N FEDERAL HWY, SUITE 202
BOCA RATON, FL 33431 US**

54033991



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1672014

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTI, PAUL N
3901 N. FEDERAL HWY SUITE 202
BOCA RATON, FL 33431**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete
NAME **BERLINER, ARNOLD**
STREET ADDRESS **6721 SERENA LANE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MEYERS, RUSSELL**
STREET ADDRESS **6630 SERENA LANE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **R** ☒ Change ☐ Addition
NAME **RUSSELL MEYERS**
STREET ADDRESS **6630 SERENA LANE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **T** ☒ Delete
NAME **SCHUTZ, STAN**
STREET ADDRESS **6835 VIENTO WAY**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **S** ☐ Change ☒ Addition
NAME **SHIMON BLAUMAN**
STREET ADDRESS **6738 S. GRANDE DR.**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **P** ☒ Delete
NAME **GOLD, NANCY**
STREET ADDRESS **6720 GRINDE DR**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **P** ☐ Change ☒ Addition
NAME **GWYNETH GORGE**
STREET ADDRESS **6738 S. GRANDE DR**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **S** ☐ Delete
NAME **MOED, YUVAL**
STREET ADDRESS **6781 S. GRANDE DR**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **YU** ☒ Change ☐ Addition
NAME **YUVAL MOED**
STREET ADDRESS **6781 S. GRANDE DR**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.8.04