

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90029 016 ****70.00

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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

40011478



2. Principal Place of Business
C/O A & N Management

3. Mailing Address
6413 Congress Ave

Suite, Apt., etc.
Suite 220

Suite, Apt., etc.
Suite 220

City & State
Boca Raton FL

City & State
Boca Raton, FL

Zip Country
33487 US

Zip Country
33487 US

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1672014

Applied For
Not Applicable

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

GELFAND, MICHAEL J ESQ
GELFAND & ARPE, P.A.
1555 PALM BEACH LAKES BLD., STE. 1220
WEST PALM BEACH, FL 33401-2329

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, 2005

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

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

TITLE **S** ☐ Delete
NAME **BLAUMAN, SIMON**
STREET ADDRESS **6738 S. GRANDE DR.**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **P** ☐ Delete
NAME **GWYNETH, GEORGE**
STREET ADDRESS **6683 S. GRANDLE DR.**
CITY-ST-ZIP **BOCA RATON, FL 33433**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Ellen Shea**
STREET ADDRESS **6926 N. Grande Dr.**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Nicole Hoersch**
STREET ADDRESS **6776 Entrada Place**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **Director** ☒ Change ☐ Addition
NAME **Gwyneth George**
STREET ADDRESS **6603 S. Grande Dr.**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **Treasurer** ☐ Change ☐ Addition
NAME **Carroll Hahn**
STREET ADDRESS **6949 Corto Circle**
CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Change ☐ Addition
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:

Ellen M. Shea, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05
Date

561-703-783
Daytime Phone #