


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90376 027 ****70.00

DOCUMENT # 727835 1. Entity Name ESTANCIA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O A&N MANAGEMENT SUITE 220 BOCA RATON, FL 33487 US			Mailing Address 6413 CONGRESS AVE SUITE 220 BOCA RATON, FL 33487 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1672014	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEA, ELLEN		NAME		
STREET ADDRESS	6926 N. GRANDE DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAUMAN, SIMON		NAME	S Jerome Ruderman	
STREET ADDRESS	6738 S. GRANDE DR.		STREET ADDRESS	6832 Viento Way Boca Raton, FL 33433	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GWYNETH, GEORGE		NAME	D Carolyn Gosdorfer	
STREET ADDRESS	6683 S. GRANDLE DR.		STREET ADDRESS	6715 Serena Lane	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HAHN, CARROLL		NAME	T Andrew Greeberg	
STREET ADDRESS	6949 CORTO CIRCLE		STREET ADDRESS	6785 N. Grande Drive	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOERSCH, NICOLE		NAME	VP Carroll Hahn	
STREET ADDRESS	6776 ENTRADA PLACE		STREET ADDRESS	6949 Corto Circle	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ellen M. Shea</u> Ellen M. Shea			4/17/06 561-703-7831		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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