


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90064 013 ****61.25

DOCUMENT # 727835 1. Entity Name ESTANCIA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O HAAG MANAGEMENT 2295 NW CORPORATE BLVD SUITE 138 BOCA RATON, FL 33431 US			Mailing Address C/O HAAG MANAGEMENT 2295 NW CORPORATE BLVD SUITE 138 BOCA RATON, FL 33431 US		
2. Principal Place of Business - No P.O. Box #		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 type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GELFAND, MICHAEL J ESQ GELFAND & ARPE, P.A. 1555 PALM BEACH LAKES BLD., STE. 1220 WEST PALM BEACH, FL 33401-2329				7. Name and Address of New Registered Agent 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, 2008		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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERCADO, ROBERTO		NAME		
STREET ADDRESS	6841 NORTH 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	RUDERMAN, JEROME		NAME	Elena Sipple	
STREET ADDRESS	6832 VIENTO WAY		STREET ADDRESS	6857 Entrada Place	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOSORFER, CAROLYN		NAME	Gosdorfer Carolyn	
STREET ADDRESS	6715 SERENA LANE		STREET ADDRESS	6715 Serena Ln.	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, ANDREW		NAME	Jaci Wasserman	
STREET ADDRESS	6785 N VANDE DR		STREET ADDRESS	6962 South Grande Dr.	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHIPPLE, ED		NAME	2nd VP	
STREET ADDRESS	6881 NORTH GRANDE DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
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><i>Carolyn Gosdorfer</i></u> CAROLYN GOSDORFER <u>1/25/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					