

2006. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90020 027 ****70.00

DOCUMENT # 740675

1. Entity Name

ESTANCIA WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1797564

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

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 PD
NAME FOGEL, MITCHELL C
STREET ADDRESS 7618 MARBELLA TERRACE
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE D
NAME COMPARATO, ROBERT
STREET ADDRESS 7499 ESTRELLA CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433 ☒ Delete

TITLE SD
NAME ROSS, STEVE
STREET ADDRESS 7547 ESTRELLA CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE VPD
NAME MIHALIK, GLORIA
STREET ADDRESS 7290 ENCINA LANE,
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE TD
NAME LIEBERMAN, DANA
STREET ADDRESS 2558 ESTRELLA CIRCLE
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE D
NAME JOHN MIHALIK
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/06

561-393-9111

Date

Daytime Phone #