

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751717

FILED
Jan 06, 2009
Secretary of State

Entity Name: ESTADA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6050 ESTADA LANE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6050 ESTADA LANE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 59-2090940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPPMAN, STEVE
C/O FIRST CHOICE MANAGEMENT GROUP INC.
6485 N. FEDERAL HIGHWAY
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VELEZ, ERNEST
Address: 6156 VIA LAGUNA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: VPD () Delete
Name: RAUCH, BRUNO
Address: 20845 DEL LUNA DR
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: LOURDES, STACEY
Address: 6122 ALOMA LN
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: SCHMITT, HEINZ
Address: 20950 ESTADA LANE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: BRUNO, GLORIA
Address: 20804 VIA MADEIRA DR.
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: OLISCHAR, HEINRICH
Address: 20837 DEL LUNA DR
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARIANNE, CHARNETZKY
Address: 20818 DEL LUNA DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNIE VELEZ

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date