

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90128 003 ****61.25

DOCUMENT # 762744

1. Entity Name

ESTATE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2850 FAIRWAY DR
 HOLLYWOOD FL 33021
 US

2850 FAIRWAY DR
 HOLLYWOOD FL 33021-2937
 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

59-2490608

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBERT, ALAN
2850 FAIRWAY DR.
HOLLYWOOD FL 33021

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	ESTERSON, JOAN	
STREET ADDRESS	3670 N. 45TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANE, ANN	
STREET ADDRESS	4201 CASPER COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KHANI, FRED	
STREET ADDRESS	4390 CASPER COURT	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SILBERT, ALAN	
STREET ADDRESS	2850 FAIRWAY DR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE OF FRED KHANI**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/22/2000** Daytime Phone #: **305-758-6271**

CR2E037 (9/99)