FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038797 (1)

ESTIA ASSOCIATION, INC.

Principal Place of Business

Maiting Address

FILED May 15 1998 8:00am Secretary of State



11/2/02/01/11/11

	oo or oddin tott	Walling Address					
463 ANGELFISH LANE JUPITER FL 33477 JUPITER FL 33477							
#OFTIER TE	33477	JUPITER FL 33477			DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualified	- 1110 01702	
2. Principal F	Place of Business	2a. Mailing Address			04/29/1997 4. FEI Number		pplied For
21 3087 LAKE WONTH RO 26 3087 LAIO			e U.D.	WY RD	65-0809862	1 1 1 N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				-17/1 2	00 00- 10- 10- 10- 10- 10- 10- 10- 10- 1	\$9.75	Additional
22 City & Stat	to	City & State		5. Certificate of Status Desired	Fee R	equired	
23 LAK	e uonyx FL	28 LAKE WONTH, FL			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
— ^{Zip} ■ a.	Country	Zip	Count	<i>-</i>	8. This corporation owes or has p	aid the current year In	tangible
24 339		29 33461	30	P, B	Personal Property Tax due June		No.
	9. Name and Address of Current I	Registered Agent		ат —	10, Name and Address of New R	egistered Agent	
AB	B ond anzio, Giovanni a		8	1 Name			
100	3-ANGELFISH:LANE		ē	2 Street Addi	ress (P.O. Box Number is Not Accepta	ble)	
₹ ₩	PITER FL 33477		L		188 LANGE WONTH		
			8	3			
			8	4 City		85 Zip	
44 Durawant	to the provisions of Cholisms COZ OF CO.	ad 207 4000 Ci-24- Oct 4		LA	ke uonth	FL 👸 📆	y 61
onice or i	to the provisions of Sections 607.0502 a registered agent, or both, in the State of am familiar with, and accept the obligation	Horida. Such change was a	authorized I	by the corporat	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing a pt the appointment as	ts registered registered
SIGNATURE	Signature Typed or printed name of registered agent a	od tile d application (NOT	I : Hegistered A	nont signature requir	red when reinslating)	DATE	
12.	A OFFICERS AND E	OIRE CTORS	13.	gent signature redon	ADDITIONS/CHANGES TO OFFI		20 IN 12
TITLE	PASIDENT	DELETE	1 1 TITLE		NEETHORIO, OF INTIGES TO OF IT	Change	Addition
NAME	GIOVANNI A. ABB	ONDANZIO	1.2 NAMI	1		v.a.igo	
STREET ADDRESS	GIOVANNI A. ABD 3087 LAICE MONT	H ROAD		ET ADDRESS			
CITY-ST-ZIP	LAKE HONTH, FL						
TITLE	DAME NORM, FO	DELETE	1.4 CHY			Change	Addition
NAME -			2.2 NAM			E) cuarde	Addition
STREET ADDRESS							
CITY-ST-ZIP				ET ADDRESS			
TITLE		☐ DELETE	2. 4 C(1) 3.1 T(TLE			Change	Letellian
NAME				1		Change	Addition
STREET ADDRESS			3.2 NAME				
				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY 4.1 TITLE			Chart	Addition.
NAME						L Change	Addition
STREET ADDRESS			4. 2 NAM				
				FT ADDRESS			İ
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-			[] AL	4.4.000
		ר חברנונ	5.1 TITLE			Change	Addition
NAME			5.2 NAME				-
STREET ADORESS				1 ADDRESS			
CITY-ST-ZIP		T arreva	5.4 CITY-	ST-2IP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	6.1 TITLE			L Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREE	I ADDRESS			
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			
14. I hereby of indicated	certify that the information supplied with the on this annual report or supplied except the on this annual report of supplied except the or supplied to the original suppli	this filing closs not quality for	t the exem	ption stated in a	Section 119.07(3)(i), Florida Statutes. I	further certify that the	information
officer or of Block 12 of	sertify that the information supplied with in this annual report or suppliemental and director of the corporation or the receive or Block 13 if changed, or on an attachin	er or trustee empowered to enough with an address.	execute this	eport as requ	ired by Chapter 607, Florida Statutes;	and that my name ap	pears in