

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727835

Entity Name: ESTANCIA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O OASIS COMMUNITY MANAGEMENT
6574 N STATE ROAD 7, #280
COCONUT CREEK, FL 33073**Current Mailing Address:**C/O OASIS COMMUNITY MANAGEMENT
6574 N STATE ROAD 7, #280
COCONUT CREEK, FL 33073 US**FEI Number:** 59-1672014**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRAVIT LAW, P.A.
1801 N MILITARY TRAIL
SUITE #120
BOCA RATON, FL 33431 US*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**Officer/Director Detail :**

Title 2ND VICE PRESIDENT, DIRECTOR
Name MERCADO, ROBERTO
Address C/O OASIS COMMUNITY
MANAGEMENT
6574 N STATE ROAD 7, #280
City-State-Zip: COCONUT CREEK FL 33073

Title SECRETARY, DIRECTOR
Name JOHNSON, URSULA
Address C/O OASIS COMMUNITY
MANAGEMENT
6574 N STATE ROAD 7, #280
City-State-Zip: COCONUT CREEK FL 33073

Title PRESIDENT, DIRECTOR
Name GOSDORFER, CAROLYN
Address C/O OASIS COMMUNITY
MANAGEMENT
6574 N STATE ROAD 7, #280
City-State-Zip: COCONUT CREEK FL 33073

Title VICE PRESIDENT, DIRECTOR
Name WASSERMAN, JACI
Address C/O OASIS COMMUNITY
MANAGEMENT
6574 N STATE ROAD 7, #280
City-State-Zip: COCONUT CREEK FL 33073

Title TREASURER, DIRECTOR
Name KIRKCONNELL, BRYAN
Address C/O OASIS COMMUNITY
MANAGEMENT
6574 N STATE ROAD 7, #280
City-State-Zip: COCONUT CREEK FL 33073

I hereby 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 all other like empowered.

SIGNATURE: CAROLYN GOSDORFER**PRESIDENT****03/05/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date