FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED
95 MAY -1 PM 12:02
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N31526 (9)

1. Corporate Name

SUNCREST VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W. STATE RD. 434 SUITE 5000 LONGWOOD FL 32779	2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2984826	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [X] No	

2. Principal Place of Business 21 / 2a. Mailing Address 26
Suite, Apt. # etc. 22 / Suite, Apt. # etc. 27
City & State 23 / City & State 28
Zip 24 Country 25 / Zip 29 Country 30

9. Name and Address of Current Registered Agent

HART, JAMES W., JR.
2180 W. STATE RD. 434 SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of ss. 607.0502 and 617.0502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	~~PD~~	TITLE	PD	[X] Change [ ] Addition
NAME	~~BLAIR, A.E.~~	NAME	KLEIN, RUTH	
STREET ADDRESS	~~861 DOUGLAS AVENUE~~	STREET ADDRESS	4111 PESCAPERO COURT	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	~~VD~~	TITLE	VD	[X] Change [ ] Addition
NAME	~~DYE, ALLEN T.~~	NAME	ROSADO, HIPOLITO	
STREET ADDRESS	~~861 DOUGLAS AVENUE~~	STREET ADDRESS	4029 PALO ALTO CT	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	~~STD~~	TITLE	1STVD	[ ] Change [X] Addition
NAME	~~SMALL, PETER~~	NAME	LIEBOLD, JERRY	
STREET ADDRESS	~~861 DOUGLAS AVE~~	STREET ADDRESS	9104 NAPA CT	
CITY-ST-ZIP	~~ALTAMONTE SP~~	CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		TITLE	2NDVD	[ ] Change [X] Addition
NAME		NAME	NEMETHY, JOHN	
STREET ADDRESS		STREET ADDRESS	4009 POINT REYS CT	
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		TITLE	3RDVD	[ ] Change [X] Addition
NAME		NAME	VILLANO, DOMINICK	
STREET ADDRESS		STREET ADDRESS	4039 POINT REYS CT	
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		TITLE	SD	[ ] Change [X] Addition
NAME		NAME	STANEK, SALLY	
STREET ADDRESS		STREET ADDRESS	4140 PESCADERO CT	
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO FL 32817	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth Klein 3/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RUTH KLEIN

0003457

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SUNCREST VILLAS HOMEOWNERS ASSOCIATION, INC.

ADDITIONAL OFFICERS AND DIRECTORS

7.1	TITLE	TD
7.2	NAME	BURKE, BARBARA
7.3	STREET ADDRESS	4028 PALO ALTO CT
7.4	CITY-ST-ZIP	ORLANDO FL 32817