

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31526

FILED
Mar 25, 2004
Secretary of State

Entity Name: SUNCREST VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2984826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W., JR.
2180 W SR 434
STE 5000
LONGWOOD, FL 32779 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: TATRO, JANET
Address: 4142 QUADALUPE CT
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: MENCHACO, JACKIE
Address: 4029 PALO ALTO CT.
City-St-Zip: ORLANDO, FL 32817

Title: VD () Delete
Name: WANDLASS, JOANNE
Address: 4113 QUADALUPE CT
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: KLEIN, MARVIN
Address: 4111 PESCADERO CT.
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: SOREM, MONICA
Address: 4034 PALO ALTO CT
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BOULTON, JOHN
Address: 4129 PESCADERO CT
City-St-Zip: ORLANDO, FL 32817

Title: VPD (X) Change () Addition
Name: WANDLASS, JOANNE
Address: 4113 QUADALUPE CT
City-St-Zip: ORLANDO, FL 32817

Title: TD (X) Change () Addition
Name: GALISON, PHILLIP
Address: 4119 GUADALUPE CT
City-St-Zip: ORLANDO, FL 32817

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANET TATRO

PD

03/25/2004

Electronic Signature of Signing Officer or Director

Date