


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90002 033 \*\*\*150.00

<b>DOCUMENT # 225028</b> 1. Entity Name <b>WOODCREST MANOR APARTMENTS INC</b>					
Principal Place of Business <b>885 S E 19TH AVE</b> <b>DEERFIELD BEACH FLA, 33441 US</b>			Mailing Address <b>219 WOODWARD AVE.</b> <b>NEW HAVEN, CT 06512-5035 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132008    Chg-P    CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>23-7348292</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DELUCIA, FRANK</b> <b>885 S E 19TH AVE</b> <b>DEERFIELD BEACH, FL 33441</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUISO, NICHOLAS 885 SE 19TH AVE 9 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DELUCIA, FRANK 885 S.E. 19TH AVE. DEERFIELD BCH., FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOYD, BETTY 885 SE 19TH AVE 2 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRINGTON, ROBERT C 885 SE 19TH AVE 1 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANGELISTA, LINDA 885 SE 19TH AVE 8 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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.					
<b>SIGNATURE: <u>Frank De Lucia</u>    <u>STD</u>    <u>2/25/08</u>    <u>954-428-7027</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					