

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 JAN 23 PM 3: 09

DOCUMENT # **N41384** (1)
1. Corporation Name
VILLAS OF OCEAN CREST HOMEOWNERS' ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
2115 S OCEAN BLVD. APT. #9 DELRAY BEACH FL 33483-6470
2115 S OCEAN BLVD. APT. #9 DELRAY BEACH FL 33483-6470

3. Date Incorporated or Qualified **12/20/1990** 3a. Date of Last Report **02/23/1995**

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

4. FEI Number **54-1510535** Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MENKHAUS, DAVID J.
4800 NORTH FEDERAL HIGHWAY
SUITE 210-A
BOCA RATON FL 33431

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **DPT BOINIS, THEODORE H.**
STREET ADDRESS **2115 S OCEAN BLVD. #9**
CITY-ST-ZIP **DELRAY BEACH FL**
TITLE DELETE
NAME **D FELTMAN, RALPH**
STREET ADDRESS **2115 S OCEAN BLVD. #9**
CITY-ST-ZIP **DELRAY BEACH FL**
TITLE DELETE
NAME **D FELTMAN, CHARLOTTE**
STREET ADDRESS **2115 S OCEAN BLVD. #9**
CITY-ST-ZIP **DELRAY BEACH FL**
TITLE DELETE
NAME **S BOINIS, MARY I.**
STREET ADDRESS **2115 S. OCEAN BLVD. #9**
CITY-ST-ZIP **BOCA RATON FL**
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
1.1 TITLE
1.2 NAME **500001700295**
1.3 STREET ADDRESS **-01/29/96--01056--010**
1.4 CITY-ST-ZIP *******61.25 *****61.25**
 Change Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
 Change Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
 Change Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
 Change Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
 Change Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: *Shirley H. Jones* Director Date: *January 16 1996* 407 226 4113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)