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NONPROFIT CORPORATION ANNUAL REPORT



N41384

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DOCUMENT #

DIVISION OF CORPORATIONS

(1)

STATE APPROVED AND FILED

96 JAN 23 PM 3: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

VILLAS OF OCEAN CREST HOMEOWNERS' ASSOCIATION, I NC. Mailing Address						·	TÄLLÄHÄSSEE, FLORIDA				
Principal Place o	of Business	Mailing Address									
2115 S OCEAN	N BLVD.	2115 S OCEAN BLVD. APT. #9									
APT. #9 DELRAY BEAC	CH FL 33483-6470	DELRAY BEACH FL 33483-6470			}	3. Date incorporated or Qualified 3a. Date			Report		
							12/20/1990		02/23/19		
2. Principal Plac	ce of Business	2a. Mailing Address					4. FEI Number		A	pplied For	
i		26					54-1510535		 	. Applicable Additional	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		v - · · ·	Required	
City & State		City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees	
J	Country	Zip	Co	ountry			B. This corporation has liability for	intangible t	ax under s.	199.032,	
	25	29	30				Florida Statutes	🔲 Yes 🚺	I No		
	9. Name and Address of Curren	nt Registered Agent		81	Name		10. Name and Address of New I	100ikiaian	Agent		
•				8'							
	AUS, DAVID J.			82	Street	Addres	dress (P.O. Box Number is Not Acceptable)				
	ORTH FEDERAL HIGHWAY			83							
SUITE 2 BOCA R	IATON FL 33431			B4	City			Fl	85 Zip	Code	
	to the provisions of Sections 617,050	1500 5: 11 011				ornora	tion submite this statement for the DI	image of ch	pagging its re	eaistered offic	
		z ann 617. Ioub. Fionua otau	utes, the ai				ficht applitite this attituding the be				
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4. 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. Further certify that the information interface 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 certify that I am an officer of director of the corporation or the society 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date y 16 19 96 467 274 41/3