## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # No. Corporation Name

N41384

(1)

VILLAS OF OCEAN CREST HOMEOWNERS' ASSOCIATION, I

NU.									
Principal Place	of Business	Mailing Address	***************************************				<b>                                   </b>	i Hilli Birii D	LANT ENDIR HARD
2115 S OCEAN APT. #9	BLVD.	2115 S OCEAN BLVD. APT. #9							
DELRAY BEACH FL 33483-6470 DELRAY BEACH FL 33483-6487			<b>;3-648</b> 7			3. Date Incorporated or Qualified	3a Da	te of Last R	Report
						12/20/1990		01/23/19	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	pplied For
21		26			54-1510535		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27 City 9 State						equired	
City & State	}	City & State			6. Election Campaign Financing	П		May Be	
<b>23</b> Zip	Country	Zip Country			Trust Fund Contribution			to Fees	
24			30	1		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Woo			
	9. Name and Address of Currer					10. Name and Address of New Re	gistered /	gent	
				81	Name				
MENKHAUS, DAVID J.				82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)	<del></del>	
4800 NORTH FEDERAL HIGHWAY					····				
SUITE 210-A				B3					
BOCA RATON FL 33431				В4	City		FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above					named corp	oration submits this statement for the r		changing i	its registered
office or ri	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was	s authorized	d by	the corporati	ion's board of directors. I hereby acce	ot the appo	ointment as	registered
	irranmai wiiri, and accept the oblig.	archis of, declion of 7.0000,	i iorida Siai	ules.					
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (N	IOTE: Flegistere	d Agen	el signature require	ed when reinstaling)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
TITLE	<del>_</del>		1.1 Ti	TLE				Change	Addition
NAME	BOINIS, THEODORE H.		1.2 NAME						
STREET ADDRESS 2115 S OCEAN BLVD. #9			1.3 STREET ADDRESS		Address				
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-		- ZIP			<del></del>	
TITLE	D			TLE	-			Change	Addition
NAME			2.2 N/	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			2.40	(TY-\$1	T-ZIP	<u></u>			
TITLE	D	DELETE	3.1 TITLE		l				Addition
NAME	FELTMAN, CHARLOTTE			3.2 NAME					
STREET ADDRESS	2115 S OCEAN BLVD. #9		3.3 \$1	TREET A	ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL		3.4. 0	ITY-\$1	T-21P				
TITLE	S	DELETE	4.1 TI	4.1 TITLE				Change	Addition
NAME	BOINIS, MARY I.		4.2 N	IAME					
STREET ADDRESS			4.3 \$1	4.3 STREET ADDRESS					
CITY - ST - ZIP	BOCA RATON FL		4.4 C	ITY-ST	-ZIP				
TITLE		DELETE	5.1 TI	5.1 TITLE				Change	Addition
NAME			52 N	AME					
STREET ADDRESS			5.3 8	TREET /	address				
City-St-Zip				ITY-ST					
TITLE			6.1 TI					☐ Change	Addition
NAME			6.2 N	AME				•	

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this applications of supplemental agrues of the same legal effect as if made under oath; that I am an officer or director of the control of th

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY - ST - ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

**FILED** 

Jan 16 1997 8:00am

Secretary of State

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