FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

**FILED
Feb 27 1998 8:00am
Secretary of State**

DOCUMENT # N41384   (1)

1. Corporation Name

VILLAS OF OCEAN CREST HOMEOWNERS' ASSOCIATION, I NC.

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

4. FEI Number **54-1510535** — Applied For / Not 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

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

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

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 _____ THEODORE H BOINIS- MANAGER   2/13/98

Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **DPT** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **BOINIS, THEODORE H.**	1.2 NAME	
STREET ADDRESS **2115 S OCEAN BLVD. #9**	1.3 STREET ADDRESS	
CITY-ST-ZIP **DELRAY BEACH FL**	1.4 CITY-ST-ZIP	
TITLE **D**	2.1 TITLE	☐ Change ☐ Addition
NAME **FELTMAN, RALPH**	2.2 NAME	
STREET ADDRESS **2115 S OCEAN BLVD. #9**	2.3 STREET ADDRESS	
CITY-ST-ZIP **DELRAY BEACH FL**	2.4 CITY-ST-ZIP	
TITLE **D** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **FELTMAN, CHARLOTTE**	3.2 NAME	
STREET ADDRESS **2115 S OCEAN BLVD. #9**	3.3 STREET ADDRESS	
CITY-ST-ZIP **DELRAY BEACH FL**	3.4 CITY-ST-ZIP	
TITLE **S** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **BOINIS, MARY I.**	4.2 NAME	
STREET ADDRESS **2115 S. OCEAN BLVD. #9**	4.3 STREET ADDRESS	
CITY-ST-ZIP **BOCA RATON FL**	4.4 CITY-ST-ZIP	
TITLE ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ H Boinis (REQUIRED)   2/13/98

CR2E037 (10/97)