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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90037 026 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41384**

1. Corporation Name  
**VILLAS OF OCEAN CREST HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 2115 S OCEAN BLVD. APT. #9 DELRAY BEACH FL 33483-6470	Mailing Address 2115 S OCEAN BLVD. APT. #9 DELRAY BEACH FL 33483-6470
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/20/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 54-1510535
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BOINIS, THEODORE H.	
STREET ADDRESS	2115 S OCEAN BLVD. #9	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	<del>BO</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>FELTMAN, RALPH</del>	
STREET ADDRESS	<del>2115 S OCEAN BLVD. #9</del>	
CITY-ST-ZIP	<del>DELRAY BEACH FL</del>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOINIS, MARY I.	
STREET ADDRESS	2115 S. OCEAN BLVD. #9	
CITY-ST-ZIP	<del>BOCA RATON FL</del> DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN BOINIS
2.3 STREET ADDRESS	4235 WARE TRADEWINDS AVE
2.4 CITY-ST-ZIP	Lauderdale By THE SEA FLA: 33308
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY I BOINIS
3.3 STREET ADDRESS	2115 So. OCEAN BLVD #9
3.4 CITY-ST-ZIP	DELRAY BEACH FLA 33483
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Theodore H. Boinis* Date: January 5 - 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)