

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90064 009 \*\*\*\*61.25

**DOCUMENT # N41384**

1. Entity Name

**VILLAS OF OCEAN CREST HOMEOWNERS' ASSOCIATION, I**

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 33483-6487

2. Principal Place of Business

2115 S. Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.  
 # 15

Suite, Apt. #, etc.

City & State

Delray Beach, Fl. 33483

City & State

4. FEI Number

54-1510535

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MENKHAUS, DAVID J.  
 4800 NORTH FEDERAL HIGHWAY  
 SUITE 210-A  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **Michael Kotler**

Street Address (P.O. Box Number is Not Acceptable)  
**54 SW Boca Raton Blvd**

City **Boca Raton**

FL

Zip Code **33432**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Michael Kotler*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/12/00  
 DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	BOINIS, THEODORE H.	
STREET ADDRESS	2115 S OCEAN BLVD. #9	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOINIS, MARY I.	
STREET ADDRESS	2115 S. OCEAN BLVD. #9	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOINIS, JOHN	
STREET ADDRESS	4235 WEST TRADEWINDS AVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE	<del>P.D.</del>	<input type="checkbox"/> Delete
NAME	<del>Michael Kotler</del>	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maxine Richman	
STREET ADDRESS	2115 So. Ocean Blvd #4	
CITY-ST-ZIP	Delray Beach, Fl. 33483	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Kotler	
STREET ADDRESS	2115 So. Ocean Blvd #15	
CITY-ST-ZIP	Delray Beach, Fl. 33483	
TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven E. Greenhut	
STREET ADDRESS	2115 So. Ocean Blvd #2	
CITY-ST-ZIP	Delray Beach, Fl. 33483	
TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Klotz	
STREET ADDRESS	2115 So. Ocean Blvd #2	
CITY-ST-ZIP	Delray Beach, Fl. 33483	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael Kotler* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

561-361-9600

Daytime Phone #

CR2E037 (9/99)