

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90079 025 ****61.25

DOCUMENT # N41384

1. Entity Name

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

Principal Place of Business

Mailing Address

**2115 S OCEAN BLVD.
 APT. #1
 DELRAY BEACH FL 33483**

**2115 S OCEAN BLVD.
 APT. #1
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1510535

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENHUT, STEVE
 2115 SOUTH OCEAN BLVD #1
 DELRAY BEACH FL 33483**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	RICHMAN, MAXINE	
STREET ADDRESS	2115 S OCEAN BLVD, #4	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOINIS, MARY I.	
STREET ADDRESS	2115 S. OCEAN BLVD. #9	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	T	<input type="checkbox"/> Delete
NAME	ISRON, KAREN	
STREET ADDRESS	2115 S OCEAN BLVD #6	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, MARSHA	
STREET ADDRESS	2115 S OCEAN BLVD #13	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	PS	<input type="checkbox"/> Delete
NAME	GREENHUT, STEVE E	
STREET ADDRESS	2115 S OCEAN BLVD #1	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richman, Maxine	
STREET ADDRESS	2115 C. Ocean Blvd. #4	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Judy	
STREET ADDRESS	2115 S. Ocean Blvd. #11	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isrow, Karen	
STREET ADDRESS	2115 S. Ocean Blvd. #6	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Macaleer, Kate	
STREET ADDRESS	2115 S. Ocean Blvd., #13	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input 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		

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: *KAREN S. ISROW* 4/16/02 561-330-2444

CR2E037 (9/01)