

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90031 050 ****61.25



DOCUMENT # N41384

1. Entity Name

VILLAS OF OCEAN CREST HOMEOWNERS'
ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **SERGIO'S PROPERTY MGT, INC.**
Street Address (P.O. Box Number Not Acceptable): **60 Venetian Drive**
City: **Delray Beach** FL Zip Code: **33403**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHMAN, MAXINE	
STREET ADDRESS	2115 S OCEAN BLVD, #4	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, JUDY	
STREET ADDRESS	2215 S. OCEAN BLVD. #11	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ISROW, KAREN	
STREET ADDRESS	2115 S OCEAN BLVD #6	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	PS	<input type="checkbox"/> Delete
NAME	WOOTTON, JOHN	
STREET ADDRESS	2115 S OCEAN BLVD #1	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MACALEER, KATE	
STREET ADDRESS	2115 S. OCEAN BLVD. #13	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACALEER, KATE	
STREET ADDRESS	2115 S. OCEAN BLVD #5	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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:

Kate L. Macaleer

Kate L. Macaleer

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04

Date

561-322-4556

Daytime Phone #