

# 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

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 **SERGE'S PROPERTY MGT, INC.**

Street Address (P.O. Box Number Not Acceptable)

**60 Venetian Drive**

City

**Delray Beach**

FL

Zip Code

**33483**

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, 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**  
**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** ☐ Delete  
NAME **RICHMAN, MAXINE**  
STREET ADDRESS **2115 S OCEAN BLVD, #4**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete  
NAME **HALL, JUDY**  
STREET ADDRESS **2215 S. OCEAN BLVD. #11**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VPD** ☒ Delete  
NAME **ISROW, KAREN**  
STREET ADDRESS **2115 S OCEAN BLVD #6**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **PS** ☐ Delete  
NAME **WOOTTON, JOHN**  
STREET ADDRESS **2115 S OCEAN BLVD #1**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **VPD** ☐ Delete  
NAME **MACALEER, KATE**  
STREET ADDRESS **2115 S. OCEAN BLVD. #13**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **MACALEER, KATE**  
STREET ADDRESS **2115 S. OCEAN BLVD #5**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ 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**

**Treasurer**

**2/4/04**

**561-322-4556**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #