

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90305 002 ****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

60 Venetian Drive



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach, FL

4. FEI Number

54-1510535

Applied For

Not Applicable

Zip

Country

Zip

33403

Country

Palm Beach

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

SERGIO'S PROPERTY MGT, INC.
60 VENETIAN DRIVE
DELRAY BEACH FL 33403

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. 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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME RICHMAN, MAXINE
STREET ADDRESS 2115 S OCEAN BLVD, #4
CITY-ST-ZIP DELRAY BEACH FL 33403 ☐ Delete

TITLE VPD
NAME Richman, Maxine
STREET ADDRESS 2115 S. Ocean Blvd., #4
CITY-ST-ZIP Delray Beach, FL 33403 ☒ Change ☐ Addition

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

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

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

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

TITLE T
NAME MACALEER, KATE
STREET ADDRESS 2115 S. OCEAN BLVD #5
CITY-ST-ZIP DELRAY BEACH FL 33483 ☐ Delete

TITLE PTD
NAME Macaleer, Kate
STREET ADDRESS 2115 S. Ocean Blvd. #5
CITY-ST-ZIP Delray Beach, FL 33403 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME Kotler, Michael
STREET ADDRESS 2115 S. Ocean Blvd. #15
CITY-ST-ZIP Delray Beach, FL 33403 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Macaleer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

561-322-4556

Daytime Phone #