

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41384

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** VILLAS OF OCEAN CREST HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2115 S OCEAN DRIVE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1500 W CYPRESS CREEK ROAD  
SUITE 108  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 54-1510535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERSONAL PROPERTY MANAGEMENT, INC.  
1500 W CYPRESS CREEK ROAD  
SUITE 108  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: ALOI, VINCENT  
Address: 2115 S OCEAN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: S  
Name: STIRBERG, VAL  
Address: 2115 S OCEAN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: P  
Name: MACALEER, KATE  
Address: 2115 S OCEAN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: T  
Name: KOENIG, ROBERT  
Address: 2115 S OCEAN DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATE MACALEER

P

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date