

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

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90066 001 \*\*\*\*61.25

**DOCUMENT # N96000002098**  
1. Entity Name  
**OAK CREST ESTATES ASSOCIATION, INC.**



Principal Place of Business: **6920 OAK CREST WAY  
ZEPHYRHILLS FL 33542  
US**  
Mailing Address: **6920 OAK CREST WAY  
ZEPHYRHILLS FL 33542-1694  
US**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: **59-3375527**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/04)

**6. Name and Address of Current Registered Agent**

**ROTHGEB, CAROL M  
6920 OAK CREST WAY  
ZEPHYRHILLS FL 33542**

**7. Name and Address of New Registered Agent**

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: \_\_\_\_\_ (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**

TITLE	V	<input type="checkbox"/> Delete
NAME	ROTHGEB, ROBERT W	
STREET ADDRESS	6920 OAK CREST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542-1694	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROTHGEB, CAROL M	
STREET ADDRESS	6920 OAK CREST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542-1694	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGEL, JIM	
STREET ADDRESS	6901 OAK CREST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAUME, STOY	
STREET ADDRESS	6911 OAK CREST WAY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLANNERY, JIM	
STREET ADDRESS	38642 EVELYN LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEINZMAN, JERRY	
STREET ADDRESS	38634 EVELYN LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<u>D</u>	<input checked="" 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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN SZATYARI	
STREET ADDRESS	6943 OAK CREST WAY	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
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: Carol M. Rothgeb **CAROL M. ROTHGEB** 2-15-05 813-779-8441  
Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_