

**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: D	<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: *[Signature]* **CAROL M. ROTHGEB** 2-15-05 813-779-8441
Date: _____ Daytime Phone #: _____