

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>D</b>	<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: <b>JOHN SZATYARI</b>	
STREET ADDRESS: <b>6943 OAK CREST WAY</b>	
CITY-ST-ZIP: <b>ZEPHYRHILLS, FL 33542</b>	
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 #: \_\_\_\_\_