FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 MAY 10 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713778 (9)

1. Corporation Name
CRESTHAVEN VILLAS NO 5 CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
2885 ASHLEY DR WEST PALM BEACH FL 33415-8264	2885 ASHLEY DR WEST PALM BEACH FL 33415-8264

3. Date Incorporated or Qualified: **12/11/1967**
3a. Date of Last Report: **03/15/1995**
4. FEI Number: **59-1984788** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAUNDERS, CHESLEIGH
2910 A ASHLEY DR E
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHOSTEK A. LEONARD 2910-D ASHLEY DR E WEST PALM BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition	200001182142 -05/15/96--01008--014 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARTON, JANE 2926 A ASHLEY DR E WEST PALM BEACH FL 33415	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition	DIRECTOR CHARLES HOBBS 2950 E. ASHLEY DR. WEST PALM BEACH, FL 33415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCACCIAFERRO, HELEN 2910 D ASHELY DR E WEST PALM BEACH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition	SECRETARY BARBARA HADSELL 2950 ASHLEY DR. E. WEST PALM BEACH, FL. 33415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SANFORD, MARLENE 2910 ASHLEY DR., EAST WEST PALM BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALFO, JOHN 2926 ASHLEY DR E WEST PALM BEACH FL 33415	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAUNDERS, CHESLEIGH 2910 A. ASHLEY DRIVE E. WEST PALM BEACH FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition	MK 5-10-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.F. Saunders Treasurer 5/1/96 407-967-9513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
9513

CR2E037 (12/95)