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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 12/11/1967
3a. Date of Last Report: 05/10/1996

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

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

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: Cahill, Paul
82 Street Address (P.O. Box Number is Not Acceptable): 2910 B Ashley Dr. E
83
84 City: West Palm Beach FL 85 Zip Code: 33415

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: Paul F. Cahill — 3-25-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	V/P	☒ Change ☐ Addition
NAME	SHOSTEK, A. LEONARD		1.2 NAME		
STREET ADDRESS	2910-D ASHLEY DR E		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HOBBS, CHARLES		2.2 NAME		
STREET ADDRESS	2950 E. ASHLEY DR.		2.3 STREET ADDRESS	2950 G Ashley Dr E	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCACCIAFERRO, HELEN		3.2 NAME	Hadsell, Barbara	
STREET ADDRESS	2910 D ASHELY DR E		3.3 STREET ADDRESS	2950 F Ashley Dr E	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	West Palm Beach FL 33415	
TITLE	VPD	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	SANFORD, MARLENE		4.2 NAME	Cahill, Paul	
STREET ADDRESS	2910 ASHLEY DR., EAST		4.3 STREET ADDRESS	2910 B Ashley Dr. E	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	West Palm Beach FL 33415	
TITLE	D	☒ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME	CALFO, JOHN		5.2 NAME	Ward, Joyce	
STREET ADDRESS	2926 ASHLEY DR E		5.3 STREET ADDRESS	2950 D Ashley Dr E	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		5.4 CITY-ST-ZIP	West Palm Beach FL 33415	
TITLE	TD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SAUNDERS, CHESLEIGH		6.2 NAME	Ehrich, Marion	
STREET ADDRESS	2910 A. ASHLEY DRIVE E.		6.3 STREET ADDRESS	2946 D Ashley Dr E	
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP	West Palm Beach FL 33415	

CR2E037 (9/96)

14. I do 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 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: Paul F. Cahill REQUIRED — 3-25-97 — 561 434-7663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0076891