## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPGRATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 713

713778

(9)

1. Corporation Name															
CRESTHAVEN VILLAS NO 5 CONDOMINIUM, INC.									1						
OUTOHULTI AFFUO HO O COMPONIMIONI HAO											JI <b>Mar</b> iki M <b>ari</b>		CLER BLAN BLAN		
Principal Place of Business Malling Address										1 149	10201 11002 111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***** ***** ******	••••
2985 ASHLEY DR 2885 ASHLEY DR										3. Date Inco	rporated or	Qualified	<u> </u>		·
WEST PALM BEACH FL 33415-8264 WEST PALM						ACH FL 3341	5-8264			12/1	1/1967				
										4. FEI Numb		•			Applied For
_									59-1	984788		<del></del>		Not Applicable	
2. Principal i		2a. Mailing Address					5. Certificate	of Status I	Desired			Additional			
21		Suite, Apt. #, etc.					2 51 11 2					Required			
Sulte, Apt		27	<del></del>					6. Election C	ampaign ⊢ d Contributi				) May Be I to Fees		
Ony & Sta	le				City & State					7. Is this non					
23		_		28	28						ipront corp.		Yes	□ No	
Zip		L	Country		Zip	L	Cour	ntry		8. This corpo	oration owe	s or has p	paid the c		intangible
24	A N	25	Address of Owner	29	A		100				Property Ta			Yes	□ No
	y, rvame	and	Address of Curre	nt regia	tered Agent		10. Name and								
ALIII 1	DAIG					81 Name	CD	جزع/چع	ih S	QUE	1de	rs			
2910B /				62 V Street	Addre:	SS (P.O. BOX NAZ	umber is No	it Accepta	able)						
WEST P		22415		93	<u> </u>	04 As	MICH I	yr, i	<u> </u>						
. WEST F	UCIN DEVO	II !!	. 33413				<u> </u>								
							1	City (	Des	t Palu	1 Bc	h.	F	85 Zi	2 Code
11. Pursuant	to the provis	ions	of Sections 617.050 or both, in the State	)2 and 61	17.1508, Flo	rida Statutes	, the/ab	ove-named	corpo	ration submits t	his stateme	ent for the	purpose	of changing	its registered
office or i	registered ag am familier wi	jent, « <u>ih,</u> ai	or both, in the State nd accept the oblig	of Floric ations,of	da. Such cha f, Section 61	inge was auf 7.0503, Flori	thorized da Statu	i by the cor utes	poratio	n's board of dir	ectors. I he	reby acc	ept the a	ppointment	as registered
SIGNATURE	///·-	. )	Α.			Tre		sur	-e.4	^		3/19	3/9	8	
	Signature, typed	or prin	led reme of registered ag			(NOTE	Registered	Agent signature	required	when reinstating)			DATE		
12.	VO.		OFFICERS AN	ND DIRECTORS  DELETE			13.	· · · · · · · · · · · · · · · · · · ·	100		CHANGE	S TO OFF	ICERS A	ND DIRECTO	
NAME	VD SHOSTS	:V A	. LEONARD		انجو	JELE4E	1.1 TITE		PC	) anaa i	:		•	Change	Addition
STREET ADDRESS			LEY DR E				1.2 NAME E U 1.3 STREET ADDRESS 29.		gene Le 36B Asi	WIEL O	C. E				
CITY-ST-ZIP		-	BEACH FL				•	Y-ST-ZIP	W7.	est Palu	Rok	ΞĪ.			
TITLE	D	* WEST!	<u>DD IOIT I C</u>			DELETE	2.1 111		VD		7 247.	1 1 1 1 1 1		Change	Addition
NAME	HOBBS,	CH	ARLES					ME		nald Rt	locea	u			
STREET ADDRESS			EY DR. E.					REET ADDRESS		200 Mahley Dr E					
CITY-ST-ZIP	WEST P	ALM	BEACH FL				2.4 CIT	TY-ST-ZIP	w	est Pal	m B	م اس ا	១	~~	
TITLE	ser t					DELETE	3.1 TITL	LE	TD	) [	_			X Change	Addition
NAME	HADSEL						3.2 NAM	ME	Ch	es/eigh	Sau	nder	- <i>5</i>		
STREET ADDRESS			EY DR E.				3.3 STR	REET ADDRESS	29	10A ASK	aley D	~ E			
CITY-ST-ZIP	WEST P	ALM	BEACH FL			DELETE		TY-ST-ZIP		st Pal	m 130	N, F	<u>'                                      </u>	17 A	<b>D</b> 4 2 0 0 0
TITLE	I L	DAI	11		A.	DELETE	4.1 TITL		D	1.4			<b>\&gt;</b>	☐ Change	Addition
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STREET ADDRESS			BEACH FL					HEET ADDRESS	24.	20D Asi	4.4.10	/P. 15	1		
CITY-ST-ZIP TITLE	S S	الانجد	DEVOLUE.		<u> </u>	DELETE	5.1 TITL	Y-ST-ZIP Le	w	= 5   VOL	-7 V4	· <del></del>	1	Change	Addition
NAME	WARD, J	IOYC	XF				5.2 NAA							— viado	
STREET ADDRESS			EY DR E					REET ADDRESS							
CITY-ST-ZIP			BEACH FL					Y-\$T-ZIP							
TITLE	D				<b>X</b>	DELETE	6.1 TITL							☐ Change	Addition
NAME	EHRICH,	MA	RION		-		6.2 NAM	ME						•	
STREET ADDRESS							6.3 STR	REET ADDRESS							
	MEGT D	A1 &4	DEACH &					!							

CITY-ST-ZIP

WEST PALM BEACH FL

6.4 CITY-ST-ZIP

14. 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 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 V A DIVINATURAL NECESSARIO

2/22/05 51100000

**FILED** 

Mar 27 1998 8:00am

Secretary of State