

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713778

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1984788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Evelyn Saunders

Street Address (P.O. Box Number is Not Acceptable)

2910A Ashley Dr E.

City
W. Palm Beach

FL

Zip Code

33415

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.

SIGNATURE X EVELYN SAUNDERS

APRIL 16, 2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BELL, WILLIAM
2926C ASHLEY DR. E
W. PALM BEACH FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres.
Morrau, Donald
2926 D Ashley Dr. E.
W. Palm Beach, FL 33415 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SAUNDERS, EVELYN
2910A ASHLEY DR. EAST
W. PALM BEACH FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CHEESEMAN, JUDITH
2910F ASHLEY DR. E.
W. PALM BEACH FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOREAU, JEAN
2920 D ASHLEY DR EAST
WEST PALM BEACH FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOMALO, MARY
2910C ASHLEY DR. E.
W. PALM BEACH FL 33415 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALSMAN, KENNETH
2940D ASHLEY DR. E.
W. PALM BEACH FL 33415 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 X Signature of Evelyn Saunders - Treas.

4/16/00

561-967-9513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)