## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # 713778** 1. Entity Name 04-14-2001 90003 034 \*\*\*\*61 25 CRESTHAVEN VILLAS NO 5 CONDOMINIUM, INC. Principal Place of Business Mailing Address 2885 ASHLEY DR 2885 ASHLEY DR WEST PALM BEACH FL 33415-8264 WEST PALM BEACH FL 33415-8264 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Ant # etc. 4. FEI Number Applied For City & State City & State 59-1984788 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SAUNDERS, EVELYN 2920 D ASHLEY DR E WEST PALM BEACH FL 33415 Zip Code 334 / S kity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 8. The above named er SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ٧D President Change TITLE TITLE ☐ Delete Moreau, Donald R 2920 Ashley Dr. E Apt. D **BELL, WILLIAM** NAME NAME 2926C ASHLEY DR. E STREET ADDRESS STREET ADDRESS West Palm Bch. FI 33415 CITY-ST-7IP W. PALM BEACH FL 33415 CITY-ST-ZIP Vice President Change ☐ Addition TD ☐ Delete TITLE TITLE SAUNDERS, EVELYN NAME NAME Prins, Henry 2926 Ashley Dr. E Apt. D STREET ADDRESS 2910A ASHLEY-DR. EAST... STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL 33415 west Palm Beh Change SD ☐ Addition Delete TITLE Seay. TITLE CHEESEMAN, JUDITH NAME NAME Bell, William 2910F ASHLEY DR. E. STREET ADDRESS STREET ADDRESS 2926 Ushley Dr. 5 CITY-ST-ZIP 33415 CITY-ST-7IP W. PALM BEACH FL 33415 ☐ Addition Delete TITI F Change TITLE MOREAU, JEAN NAME NAME Mart 2920 D ASHLEY DR EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-7IP 33415 ☐ Delete TITLE Director 4 Change Addition TITLE March, Floyd 2910 Ashley Dr. F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with

Daytime Phone #