2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State
02-01-2002 90034 028 ****61.25

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 33415-8264

DO NOT WRITE IN THIS SPACE

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
KASTNER, MARTY 2920 ASHLEY DR E. APT F WEST PALM BEACH FL 33415	Name FLOYD MARCH Street Address (P.O. Box Number is Not Acceptable) 2910 ASHLEY DR. E APT. D City WEST 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 Floyd March FLOYD MARCH 1/15/02
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	PD MOREAU, DONALD R 2920 ASHLEY DR E. APT D WEST PALM BEACH FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARCH, FLOYD 2910 ASHLEY DR. E. APT. D WEST PALM BEACH FL 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP HENRY, PRINS 2926 ASHLEY DR E. ATP., D WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELL, WILLIAM 296 ASHLEY DR E APT., C W. PALM BEACH FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOPIN, ALFRED 2910 ASHLEY DR. E. APT APT. G WEST PALM BEACH FL 33415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KASTNER, MARTY 2926 ASHLEY DR E. APT.,F WEST PALM BEACH FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COWERN, ELDEN 2930 ASHLEY DR. E. APT. C WEST PALM BEACH FL 33415	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAROH, FLOYD 2910 AHSLEY DR E. APT.,D WEST PALM BEACH FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOREAU, DONALD R 2920 ASHLEY DR. E. APT'D WEST PALM BEACH FL 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Floyd March FLOYD MARCH 1/15/02 561 964 3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #