2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90009 017 ****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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01082004 Chg-NP CR2E037 (10/03)

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

FLOYD, MARCH
2920 ASHLEY DR E.
APT D
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARCH, FLOYD 2920 ASHLEY DR E. APT D WEST PALM BEACH, FL 33415 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOREAU, DONALD R 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 HOPIN, ALFRED 2910 ASHLEY DR E APT G W. PALM BEACH, FL 33415 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COWERN, ELDEN 2930 ASHLEY DR E APT C WEST PALM BEACH, FL 33415 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOREAU, DONALD R 2910 AHSLEY DR E. APT.,D 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 2910 ASHLEY DR E APT C WEST 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: Floyd March FLOYD MARCH 1/8/04 561 964 3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #