## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Jan 31, 2005 8:00 am **Secretary of State DOCUMENT # 713778** 1. Entity Name 01-31-2005 90049 022 \*\*\*\*61.25 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 They be been 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State 4. FEI Number Applied For City & State 59-1984788 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLOYD, MARCH Street Address (P.O. Box Number is Not Acceptable) 2920 ASHLEY DR E. APT D WEST PALM BEACH FL 33415 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) DATÉ FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TD TITLE ☐ Delete TITLE Сhange **Addition** RICHARD CHEESEMAN DONALD, MOREAO R NAME NAME 2910 ASHELY DR E APT D 2910-F ASHLEY DRIE STREET ADDRESS STREET ADDRESS PHUM BEACH FL WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ■ Addition HENRY, PRINS 2926 ASHLEY DR E. ATP., D STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition HOPIN, ALFRED NAME MARAF 2910 ASHLEY DR E APT G STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33415 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TOMALO, MARY 2910 ASHLEY DR E APT C STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

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