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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:38

DOCUMENT # 723465 (1)

1. Corporation Name
CRESTHAVEN VILLAS NO. 25 CONDOMINIUM, INC.

Principal Place of Business Mailing Address
2580 DUDLEY DR E VILLA F WEST PALM BEACH FL 33415 **2580 DUDLEY DR E VILLA F WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/22/1972	3a. Date of Last Report 02/02/1994
4. FEI Number 59-2488395	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUCKERMAN, ANITA
2523 DUDLEY DR W #A
W PALM BCH FL 33415

81 Name RICCI, JOHN
82 Street Address (P.O. Box Number is Not Acceptable) 2508 DUDLEY DR. E # D
83
84 City W. PALM BCH FL
85 Zip Code 33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *John Ricci*

DATE **3-23-95**

Signature typed or printed name of registered agent and title (Block 12)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE AVP	NAME RICCI, JOHN STREET ADDRESS 2508 DUDLEY DR E #D CITY - ST - ZIP W PALM BCH FL
TITLE T	NAME OPPENHEIM, SELMA STREET ADDRESS 2580 DUDLEY DR. E. #F CITY - ST - ZIP W PALM BCH, FL 00000
TITLE S	NAME CATANIA, ANNA STREET ADDRESS 2592 DUDLEY DR E #E CITY - ST - ZIP W PALM BCH, FL 00000
TITLE P	NAME ZUCKERMAN, ANITA STREET ADDRESS 2523 DUDLEY DR W #A CITY - ST - ZIP W PALM BCH FL
TITLE D	NAME CHARRON, JOHN STREET ADDRESS 2532 DUDLEY DR E #E CITY - ST - ZIP W PALM BCH FL
TITLE D	NAME POLLACK, HELEN STREET ADDRESS 2520 DUDLEY DR E #D CITY - ST - ZIP W PALM BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME RICCI, JOHN	
13 STREET ADDRESS 2508 DUDLEY DR. E # D	
14 CITY - ST - ZIP W. PALM BCH. FL	
21 TITLE Proprietor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME John W Ricci	
23 STREET ADDRESS 2508 Dudley Dr E # D	
24 CITY - ST - ZIP W. P. B. FL	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME ZUCKERMAN, ANITA	
43 STREET ADDRESS 2523 DUDLEY DR. W. #A	
44 CITY - ST - ZIP W. PALM BCH. FL.	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME D. CHARLES BARROWS	
53 STREET ADDRESS 2546 DUDLEY DR. E. # E	
54 CITY - ST - ZIP W. PALM BCH. FL	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME DOLLY RYAN	
63 STREET ADDRESS 2580 DUDLEY DR. E. #B	
64 CITY - ST - ZIP W. PALM BCH. FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Selma Oppenheim, Treas.*

DATE **3-1-95** 407-967-6821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #