

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 723465 (1)

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



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

3. Date Incorporated or Qualified: 05/22/1972
3a. Date of Last Report: 03/30/1995

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

4	FEI Number	Applied For
	59-2488395	Not Applicable
5	Certificate of Status Desired	\$8.75 Additional Fee Required
6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RICCI, JOHN 2508 DUDLEY DR., E SUITE D W PALM BCH FL 33415				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETED	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	RICCI, JOHN		1.2 NAME				
STREET ADDRESS	2508 DUDLEY DR E #D		1.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP				
TITLE	T	DELETED	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	OPPENHEIM, SELMA		2.2 NAME				
STREET ADDRESS	2580 DUDLEY DR. E. #F		2.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH, FL 00000		2.4 CITY-ST-ZIP				
TITLE	S	DELETED	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	CATANIA, ANNA		3.2 NAME				
STREET ADDRESS	2592 DUDLEY DR E #E		3.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH, FL 00000		3.4 CITY-ST-ZIP				
TITLE	VP	DELETED	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	ZUCKERMAN, ANITA		4.2 NAME				
STREET ADDRESS	2523 DUDLEY DR W #A		4.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY-ST-ZIP				
TITLE	D	DELETED	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	BARROWS, CHARLES		5.2 NAME				
STREET ADDRESS	2446 DUDLEY DR. E #E		5.3 STREET ADDRESS	2546 DUDLEY DR. E #E			
CITY-ST-ZIP	W PALM BCH FL		5.4 CITY-ST-ZIP				
TITLE	D	DELETED	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	RYAN, DOLLY		6.2 NAME				
STREET ADDRESS	2580 DUDLEY DR., E. #B		6.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH, FL 00000		6.4 CITY-ST-ZIP				

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SELMA OPPENHEIM DATE: _____ DAY/TIME PHONE #: 407-967-6521

CR2E037 (12/95)