

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90025 040 \*\*\*\*61.25

**DOCUMENT # 723465**

1. Entity Name

**CRESTHAVEN VILLAS NO. 25 CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

2567 DUDLEY DR W  
 VILLA A  
 WEST PALM BCH FL 33415  
 US

2567 DUDLEY DR W  
 VILLA A  
 WEST PALM BCH FL 33415-8708  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2488395**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ANITA ZUCKERMAN  
 2523 DUDLEY DR W  
 VILLA A  
 WEST PALM BCH FL 33415

Name **SALVATORE BRUCALERI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2511 DUDLEY DR W**  
**VILLA B**  
 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 *Salvatore Brucaleri*

DATE **4/8/00**

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	P	<input checked="" type="checkbox"/> Delete
NAME	ANITA ZUCKERMAN	
STREET ADDRESS	2523 DUDLEY DR W, VILLA A	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEAN A DUBY	
STREET ADDRESS	2567 DUDLEY DR W, VILLA A	
CITY-ST-ZIP	W PALM BCH, FL 00000 33415	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CATANIA, ANNA	
STREET ADDRESS	2592 DUDLEY DR E #E	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SALVATORE BRUCALERI	
STREET ADDRESS	2511 DUDLEY DR W, VILLA B	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELMA OPPENHEIM	
STREET ADDRESS	2580 DUDLEY DR E, VILLA F	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VITA KARWOSKI	
STREET ADDRESS	2532 DUDLEY DR E, VILLA A	
CITY-ST-ZIP	W PALM BCH, FL 00000 33415	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD HARGRAVES	
STREET ADDRESS	2511 DUDLEY DR W VILLA A	
CITY-ST-ZIP	W PB FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS CAROSELLA	
STREET ADDRESS	2511 DUDLEY DR W VILLA D	
CITY-ST-ZIP	W PB FL 33415	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVATORE BRUCALERI	
STREET ADDRESS	2511 DUDLEY DR W VILLAB	
CITY-ST-ZIP	W PB FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN RICCI	
STREET ADDRESS	2508 DUDLEY DR E VILLA D	
CITY-ST-ZIP	W PB FL 33415	

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: *Salvatore Brucaleri*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/8/00**

DATE

DAYTIME PHONE # **(561) 433-5037**

CR2E037 (9/99)