

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90447 042 \*\*\*\*61.25

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**DOCUMENT # 723465**  
 1. Entity Name  
**CRESTHAVEN VILLAS NO. 25 CONDOMINIUM, INC.**

Principal Place of Business 2567 DUDLEY DR W VILLA A WEST PALM BCH FL 33415 US	Mailing Address 2567 DUDLEY DR W VILLA A WEST PALM BCH FL 33415 US
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-2488395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BRUCALERI, SALVATORE**  
 2511 DUDLEY DR W  
 VILLA B  
 WEST PALM BCH FL 33415

7. Name and Address of New Registered Agent  
 Name **BRUCALERI, SALVATORE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2511 DUDLEY DR W**  
**Villa B**  
 City **West Palm Bch** 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 *Jan Bucaleri* DATE **03-14-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME HARGRAVES, GERALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2511 DUDLEY DR W VILLA A	
CITY-ST-ZIP WEST PALM BEACH FL 33415	
TITLE NAME JEAN A DUBY	<input type="checkbox"/> Delete
STREET ADDRESS 2567 DUDLEY DR W, VILLA A	
CITY-ST-ZIP W PALM BCH, FL 00000 33415	
TITLE NAME CAROSELLA, DORIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2511 DUDLEY DR W VILLA D	
CITY-ST-ZIP WEST PALM BEACH FL 33415	
TITLE NAME SALVATORE BRUCALERI	<input type="checkbox"/> Delete
STREET ADDRESS 2511 DUDLEY DR W, VILLA B	
CITY-ST-ZIP WEST PALM BEACH FL 33415	
TITLE NAME SELMA OPPENHEIM	<input type="checkbox"/> Delete
STREET ADDRESS 2580 DUDLEY DR E, VILLA F	
CITY-ST-ZIP W PALM BCH FL 33415	
TITLE NAME RICCI, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS 2508 DUDLEY DR E VILLA D	
CITY-ST-ZIP WEST PALM BEACH FL 33415	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SECRETARY BEATRICE SANTANGELO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2508 DUDLEY DRE VILLA C	
CITY-ST-ZIP WPB, FL 33415	
TITLE NAME DIRECTOR ANNA CATANIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2592 DUDLEY DRE VILLA E	
CITY-ST-ZIP WPA, FL 33415	
TITLE NAME DIRECTOR NORMAN LA LONDE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2508 DUDLEY DRE VILLA B	
CITY-ST-ZIP WPB, FL 33415	
TITLE NAME VICE PRESIDENT RICCI, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2508 DUDLEY DRE VILLA D	
CITY-ST-ZIP WPA, 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: *Jan Bucaleri* **REQUIRED** DATE: **03-14-01** DAYTIME PHONE #: **964-6490**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (10/00)