

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0033564

03-31-2002 90365 032 \*\*\*\*61.25

**DOCUMENT # 723465**

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

Principal Place of Business <b>DUDLEY DR W          VILLA A          WEST PALM BCH FL 33415</b>	Mailing Address <b>2567 DUDLEY DR W          VILLA A          WEST PALM BCH FL 33415          US</b>
--	---

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



DO NOT WRITE IN THIS SPACE

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 <b>BRUCALERI, SALVATORE          2511 DUDLEY DR W          VILLA B          WEST PALM BCH FL 33415</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

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

<b>FILE NOW: FEE IS \$61.25</b>	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>
---------------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SANTANGELO, BEATRICE</b> <b>2508 DUDLEY DR E VILLA E</b> <b>WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JEAN A DUBY</b> <b>2567 DUDLEY DR W, VILLA A</b> <b>WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CATANIA, ANNA</b> <b>2592 DUDLEY DR E VILLA E</b> <b>WEST PALM BEACH FL 33415</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SHEA, MARY ELLEN</b> <b>2508 DUDLEY DR E VILLAS</b> <b>WEST PALM BEACH, FL 33415</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SALVATORE BRUCALERI</b> <b>2511 DUDLEY DR W, VILLA B</b> <b>WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SELMA OPPENHEIM</b> <b>2580 DUDLEY DR E, VILLA F</b> <b>W PALM BCH FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RICCI, JOHN</b> <b>2508 DUDLEY DR E VILLA D</b> <b>WEST PALM BEACH FL 33415</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LALONDE, NORMAN</b> <b>2508 DUDLEY DR E VILLA B</b> <b>WEST PALM BEACH, FL 33415</b>

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: JEAN DUBY **TREAS.** 3/19/02 (561) 433-5037

DATE DAYTIME PHONE #

CR2E037 (9/01)