


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 723465 1. Entity Name CRESTHAVEN VILLAS NO. 25 CONDOMINIUM, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 9:22

Principal Place of Business 2526 DUDLEY DR EAST WEST PALM BEACH, FL 33415-8006 US	Mailing Address 2526 DUDLEY DR EAST VILLA A WEST PALM BEACH, FL 33415-8006 US
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04/28/06 90169 009 \$61.25



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07062006 No Chg-NP CR2E037 (4/06)

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. Name and Address of Current Registered Agent BRUCALERI, SAM 2511 DUDLEY DR W UNIT B WEST PALM BEACH, FL 33415
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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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SANTANGELO, BEATRICE
STREET ADDRESS	2508 DUDLEY DR E VILLA E
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	P
NAME	BRUCALERI, SAM
STREET ADDRESS	2511 DUDLEY DR W UNIT B
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	D
NAME	SHEA, MARY ELLEN
STREET ADDRESS	2508 DUDLEY DRIVE EAST VILLA B
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	D
NAME	BYRNES, JOSEPHINE
STREET ADDRESS	2520 DUDLEY DR E UNIT H
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	VD
NAME	ANTILLO, NICHOLAS
STREET ADDRESS	2520 DUDLEY DR E, UNIT C
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	D
NAME	HANEY, KATHLEEN
STREET ADDRESS	2532 DUDLEY DR E UNIT H
CITY-ST-ZIP	LAKE WORTH, FL 33465

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Nicholas Antillo* 7/6/06 561-967-5223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #