

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90016 040 \*\*\*\*61.25



<b>DOCUMENT # 723465</b>					
1. Entity Name CRESTHAVEN VILLAS NO. 25 CONDOMINIUM, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2488395	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent BRUCALERI, SAM 2511 DUDLEY DR W UNIT B WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S FLORENCE KERN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTANGELO, BEATRICE		NAME		
STREET ADDRESS	2508 DUDLEY DR E VILLA E		STREET ADDRESS	2532 DUDLEY DR. E, APT. A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	W. P. BEACH, FLA. 33415	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCALERI, SAM		NAME		
STREET ADDRESS	2511 DUDLEY DR W UNIT B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LALONDE, NORMAN		NAME		
STREET ADDRESS	2508 DUDLEY DRIVE EAST VILLA B		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRABEE, ROBERT		NAME		
STREET ADDRESS	2567 DUDLEY DR. W. S		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTILLO, NICHOLAS		NAME		
STREET ADDRESS	2520 DUDLEY DR E, UNIT C		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, KATHLEEN		NAME		
STREET ADDRESS	2532 DUDLEY DR E UNIT H		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33465		CITY-ST-ZIP		
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: <i>S. Brucaleri</i>			Date: 01-07-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 561 964 6496		