

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91080 024 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-2488395**  
Applied For  
 Not Applicable

City & State

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

**BRUCALERI, SALVATORE  
2511 DUDLEY DR W  
VILLA B  
WEST PALM BCH FL 33415**

Name **Nicholas Antillo**  
Street Address (P.O. Box Number is Not Acceptable)  
**2520 DUDLEY DR E Apt C**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nicholas Antillo* DATE **3/12/03**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SANTANGELO, BEATRICE</b>	
STREET ADDRESS	<b>2508 DUDLEY DR E VILLA E</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>JEAN A DUBY</b>	
STREET ADDRESS	<b>2567 DUDLEY DR W, VILLA A</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHEA, MARY ELLEN</b>	
STREET ADDRESS	<b>2508 DUDLEY DRIVE EAST VILLA B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SALVATORE BRUCALERI</b>	
STREET ADDRESS	<b>2511 DUDLEY DR W, VILLA B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SELMA OPPENHEIM</b>	
STREET ADDRESS	<b>2580 DUDLEY DR E, VILLA F</b>	
CITY-ST-ZIP	<b>W PALM BCH FL 33415</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LALONDE, NORMAN</b>	
STREET ADDRESS	<b>2508 DUDLEY DRIVE EAST VILLA B</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33415</b>	

TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTANGELO, BEATRICE</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>ASST TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUBY, JEAN A.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEA, MARY ELLEN</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NICHOLAS Antillo</b>	
STREET ADDRESS	<b>2520 DUDLEY DR E APT C</b>	
CITY-ST-ZIP	<b>WEST PALM BCH, FL 33415</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANNE RULAND</b>	
STREET ADDRESS	<b>2532 DUDLEY DR E Apt H</b>	
CITY-ST-ZIP	<b>WPA, FL 33415</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John Ricci</b>	
STREET ADDRESS	<b>2508 DUDLEY DRE APTD</b>	
CITY-ST-ZIP	<b>WPA 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: *Nicholas Antillo* DATE: **3/12/03** PHONE: **561-439-5374**

CR2E037 (10/02)