3-20-95 B-2881C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:11

DOCUMENT # 746287 (2)

1. Corporation Name

CRESTHAVEN CONDOMINIUM TOWNHOMES, SECTION 3, INC

Principal Place of Business	Mailing Address
3. INC. 5730 FERNLEY DRIVE EAST, BOX 153 W PALM BEACH FL 33415	3. INC. 5730 FERNLEY DRIVE EAST, BOX 153 W PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1979
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2046885 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~RANKOW, MRS. JACK~~ ~~5730 FERNLEY DRIVE E~~ ~~WEST PALM BEACH, FLORIDA.~~ ~~WEST PALM BEACH FL 33415~~	81 Name: COHEN, CHARLES 82 Street Address (P.O. Box Number Is Not Acceptable): 5780 Fernley Dr. W, #131 83: WEST PALM BEACH, FLORIDA 84 City: WEST PALM BEACH FL 85 Zip Code: 33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ 3/6/95
Sign here, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	~~RANKOW, JACK (~~	1.2 NAME	COHEN, CHARLES	
STREET ADDRESS	~~5730 FERNLEY DR E #31~~	1.3 STREET ADDRESS	5780 Fernley Dr.W.,#131	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	1.4 CITY-ST-ZIP	W. Palm Beach, Fl 33415	
TITLE	~~VD~~	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	~~SHERMAN, CHARLES~~	2.2 NAME	GOLDSTEIN, NORMAN	
STREET ADDRESS	~~5730 FERNLEY DRIVE E. #44~~	2.3 STREET ADDRESS	5780 Fernley Dr. W., #136	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	2.4 CITY-ST-ZIP	W. Palm Beach, Fl., 33415	
TITLE	~~TSD~~	3.1 TITLE	TSD GATTER,JULIA	☐ Change ☐ Addition
NAME	~~JOHNSON, JOSEPH~~	3.2 NAME	5730 Fernley Dr. E., #67	
STREET ADDRESS	~~5780 FERNLEY DRIVE W, #97~~	3.3 STREET ADDRESS	W. Palm Beach, Fl 33415	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE	D	☐ Change ☐ Addition
NAME	~~ROTZ, DEAN~~	4.2 NAME	MARSHALL, ALMA	
STREET ADDRESS	~~5730 FERNLEY DRIVE E, #25~~	4.3 STREET ADDRESS	5780 Fernley Dr. W., #150	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	4.4 CITY-ST-ZIP	W. Palm Beach, Fl, 33415	
TITLE		5.1 TITLE	D	☐ Change ☐ Addition
NAME		5.2 NAME	NEWMAN, Bernard	
STREET ADDRESS		5.3 STREET ADDRESS	5780 Fernley Dr. W., #90	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	W. Palm Beach, Fl 33415	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ CHARLES Cohen 3/6/95 (407) 439-7635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRES. — Date — Daytime Phone #

0011408