

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
03/16/1979

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, CHARLES
5780 FERNLEY DRIVE, WEST
#131
WEST PALM BEACH FL 33415

81 Name
Galluccio, Angelo

82 Street Address (P.O. Box Number is Not Acceptable)
5780 Fernley Dr. W. #102

83 West Palm Beach, Florida

84 City
West Palm Beach

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0903, Florida Statutes.

SIGNATURE *Angelo Galluccio, Pres* Angelo Galluccio, President

4/5/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ DELETE
NAME ~~COHEN, CHARLES~~
STREET ADDRESS ~~5780 FERNLEY DRIVE, W., #131~~
CITY-ST-ZIP ~~WEST PALM BEACH FL~~

TITLE ~~VD~~ ☐ DELETE
NAME ~~GOLDSTEIN, NORMAN~~
STREET ADDRESS ~~5780 FERNLEY DRIVE, WEST, #136~~
CITY-ST-ZIP ~~WEST PALM BEACH FL~~

TITLE ~~TSD~~ ☐ DELETE
NAME ~~GATTER, JULIA~~
STREET ADDRESS ~~5730 FERNLEY DRIVE, EAST, #87~~
CITY-ST-ZIP ~~WEST PALM BEACH FL~~

TITLE ~~D~~ ☐ DELETE
NAME ~~MARSHALL, ALMA~~
STREET ADDRESS ~~5780 FERNLEY DRIVE, WEST #150~~
CITY-ST-ZIP ~~WEST PALM BEACH FL~~

TITLE ~~D~~ ☐ DELETE
NAME ~~NEWMAN, RICHARD~~
STREET ADDRESS ~~5780 FERNLEY DRIVE, WEST, #90~~
CITY-ST-ZIP ~~WEST PALM BEACH FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☐ Change ☐ Addition
1.2 NAME GALLUCCIO, ANGELO
1.3 STREET ADDRESS 5780 Fernley Dr. W. #102
1.4 CITY-ST-ZIP W. Palm Beach, FL., 33415

2.1 TITLE V/D ☐ Change ☐ Addition
2.2 NAME GOLDSTEIN, NORMAN
2.3 STREET ADDRESS 5780 Fernley Dr. W. #136
2.4 CITY-ST-ZIP W. Palm Beach, FL., 33415

3.1 TITLE S ☐ Change ☐ Addition
3.2 NAME GATTER, JULIA
3.3 STREET ADDRESS 5730 Fernley Dr. E. #67
3.4 CITY-ST-ZIP W. Palm Beach, FL., 33415

4.1 TITLE T ☐ Change ☐ Addition
4.2 NAME JOHNSON, JOSEPH
4.3 STREET ADDRESS 5780 Fernley Dr. W. #97
4.4 CITY-ST-ZIP W. Palm Beach, FL., 33415

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME NEWMAN, BERNARD
5.3 STREET ADDRESS 5780 Fernley Dr. W. #90
5.4 CITY-ST-ZIP W. Palm Beach, FL., 33415

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
000001774200
-04/09/96--01107--031
***61.25

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)(k), 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 or changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)