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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746287**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/16/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2046885 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHERMAN, CHARLES
5730 FERNLEY DR EAST
#44
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 617.0503, Florida Statutes.

SIGNATURE C. N. Sherman Charles Sherman 22 February 1999
Signature, typed or printed 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	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	SHERMAN, CHARLES		1.2 NAME	SHERMAN,CHARLES	
STREET ADDRESS	5730 FERNLEY DR EAST #44		1.3 STREET ADDRESS	5730 FERNLEY DR EAST #44	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	GALLUCCIO, ANGELO		2.2 NAME	SICARD,ELLA	
STREET ADDRESS	5780 FERNLEY DR WEST #102		2.3 STREET ADDRESS	5780 FERNLEY DR WEST #98	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		2.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	S	☒ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	SICARD, ELLA		3.2 NAME	GATTER,JULIA	
STREET ADDRESS	5780 FERNLEY DR. WEST, #98		3.3 STREET ADDRESS	5730 FERNLEY DR EAST #67	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		3.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	☐ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	JOHNSON, JOESPH E		4.2 NAME	JOHNSON,JOSEPH E	
STREET ADDRESS	5780 FERNLEY DR WEST #97		4.3 STREET ADDRESS	5780 FERNLEY DR WEST #97	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		4.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RACHEL, PAUL		5.2 NAME	PAUL,RACHEL	
STREET ADDRESS	5780 FERNLEY DR WEST #110		5.3 STREET ADDRESS	5780 FERNLEY DR WEST #110	
CITY-ST-ZIP	WEST PALM BEACH FL 33415		5.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	RANKOW, SELMA		6.2 NAME	NOLAN,DOROTHY I	
STREET ADDRESS	5730 FERNLEY DR EAST #31		6.3 STREET ADDRESS	5730 FERNLEY DR EAST #4	
CITY-ST-ZIP	WEST PALM BCH FL 33415		6.4 CITY-ST-ZIP	WEST PALM BEACH FL 33415	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Joseph E. Johnson SIGNATURE REQUIRED Joseph E. Johnson 22 February 1999 561-967-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #