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Apr 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N96000006245

1. Corporation Name

CRESTHAVEN CIVIC ASSOCIATION, INC.

Principal Place of Business

3500 NE 16 TERRACE
POMPANO BEACH FL 33064

Mailing Address

3500 NE 16 TERRACE
POMPANO BEACH FL 33064



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number
59-6145662

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

9. Name and Address of Current Registered Agent

BROWN, SARAH
3500 NE 16 TERRACE
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name FRENDAHL, BRUCE
82 Street Address (P.O. Box Number is Not Acceptable)
1460 NE 32 STREET
83
84 City POMPANO BEACH FL 85 Zip Code 33064

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

Bruce Frendahl, Secretary

4.10.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, SUSAN	
STREET ADDRESS	1671 NE 32ND CT.	
CITY-ST-ZIP	POMPANO BEACH F	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, AMY	
STREET ADDRESS	1661 NE 30TH CT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FOSTER, JOHN	
STREET ADDRESS	1671 NE 32ND CT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SARAH	
STREET ADDRESS	1364 NE 25TH CT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HADDEN, RICK	
1.3 STREET ADDRESS	1531 NE 32 COURT	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BONNIE SMITH	
2.3 STREET ADDRESS	1536 NE 28 STREET	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRENDAHL, BRUCE	
4.3 STREET ADDRESS	1460 NE 32 STREET	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Bruce Frendahl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99 954-480-6987
Date Daytime Phone #

CR2E037 (1/98)