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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726912 (9)

1. Corporation Name

CRESTHAVEN VILLAS NO. 30 CONDOMINIUM, INC.

Principal Place of Business

2530 EMORY DR. E.
W PALM BCH FL 33415

Mailing Address

2530 EMORY DR. E.
W PALM BCH FL 33415-79013. Date Incorporated or Qualified
07/10/19733a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
59-1633280Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

TETRAULT, GERALD
2630 EMORY DRIVE
2530 EMORY DRIVE EAST
WEST PALM BEACH FL 3341581 Name Shapiro, Ruth
82 Street Address (P.O. Box Number is Not Acceptable)
2672 Emory Dr. East 'E'
83 West Palm Beach
84 City
FL 85 Zip Code 33415

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 - Ruth F. Shapiro RUTH F. SHAPIRO 2/21/97
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	<input checked="" type="checkbox"/> DELETE
NAME	TETRAULT, GERALD	
STREET ADDRESS	2630 EMORY DRIVE EAST, #H	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KANZIGER, FRANCES	
STREET ADDRESS	2622 EMORY DRIVE EAST, #K	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAPIRO, RUTH	
STREET ADDRESS	2672 EMORY DR E VILLA E	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLO, FRANK	
STREET ADDRESS	2688 EMORY DR E VILLA D	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FOX, SYLVIA	
STREET ADDRESS	2616 EMORY DR E VILLA E	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCRANIE, EDDIE MAE	
STREET ADDRESS	2616 EMORY DRIVE E VILLA C	
CITY-ST-ZIP	W PALM BCH, FL 00000	

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	Johnson, Harriet
1.3 STREET ADDRESS	2630 Emory Dr. East 'F'
1.4 CITY-ST-ZIP	West Palm Beach FL
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	Mancusi, Phillip
2.3 STREET ADDRESS	2636 Emory Dr. East 'G'
2.4 CITY-ST-ZIP	West Palm Beach, FL
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Ruth F. Shapiro RUTH F. SHAPIRO 2/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041305

CR2E037 (9/96)