


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90046 030 ****61.25

DOCUMENT # 711972 1. Entity Name CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.					
Principal Place of Business 2885 ASHLEY DR E H WEST PALM BEACH FL 33415 US		Mailing Address 2885 ASHLEY DR E H WEST PALM BEACH FL 33415 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2641316	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLADYS, EPSTEIN 2781 ASHLEY DR. WEST PALM BEACH FL 33415				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLUCCI, SANTO <input type="checkbox"/> Delete 2846 ASHLEY DR. WEST F WEST PALM BEACH FL 33415			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTO COLUCCI <input type="checkbox"/> Change <input type="checkbox"/> Addition 2846 ASHLEY DR WAPT F WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHULTZ, PATRICA <input type="checkbox"/> Delete 2817 ASHLEY DR. F WEST PALM BEACH FL 33415			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHULTZ PATRICA <input type="checkbox"/> Change <input type="checkbox"/> Addition 2817 ASHLEY DR WAPT F WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORDEN, LINDEN <input type="checkbox"/> Delete 2811 ASHLEY DR. EAST H WEST PALM BEACH FL 33415			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARY DE LONG <input type="checkbox"/> Change <input type="checkbox"/> Addition 2830 ASHLEY DR E APT D WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODHALL, GLADYS <input type="checkbox"/> Delete 2781 ASHLEY DR EE W. PALM BCH FL 33415			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARY GORMLEY <input type="checkbox"/> Change <input type="checkbox"/> Addition 2846 ASHLEY DR WAPT F WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODHALL, GLADYS <input type="checkbox"/> Delete 2781 ASHLEY DR., EAST E WEST PALM BEACH FL 33415			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODHALL GLADYS <input type="checkbox"/> Change <input type="checkbox"/> Addition 2781 ASHLEY DR E APT E WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMLY, MARY <input type="checkbox"/> Delete 2846 ASHLEY DR., EAST E WEST PALM BEACH FL 33415			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSE KENNEDY <input type="checkbox"/> Change <input type="checkbox"/> Addition 57 CUMBERLAND CIRCLE LYNN MA 01904
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Santo Colucci</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					