

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91308 003 ****61.25

DOCUMENT # 726912

1. Entity 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**

11024498



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1633280**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCLEAN, EDNA
2622 EMORY DR EAST G
WEST PALM BEACH FL 33415**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **JO** ☐ Delete
NAME **JOHNSON, HARRIET**
STREET ADDRESS **2630 EMORY DR EAST "F"**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☒ Change ☐ Addition
NAME **Johnson, Harriet**
STREET ADDRESS **2630 Emory Dr. East, "F"**
CITY-ST-ZIP **W. Palm Beach, FL 33415**

TITLE **PD** ☐ Delete
NAME **MCLEAN, EDNA**
STREET ADDRESS **2622 EMORY DR EAST G**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **AUGUGLIARO, ROSE**
STREET ADDRESS **2658 EMORY DR EAST E**
CITY-ST-ZIP **W PALM BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **FOX, SYLVIA**
STREET ADDRESS **2616 EMORY DR E VILLA E**
CITY-ST-ZIP **W PALM BCH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **AUDREY, MAURICE**
STREET ADDRESS **2622 EMORY DR EAST**
CITY-ST-ZIP **W PALM BCH FL**

TITLE **VP** ☐ Change ☒ Addition
NAME **Whiteman, Teresa**
STREET ADDRESS **2630 Emory Dr. East, "E"**
CITY-ST-ZIP **West Palm Beach, FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **I** ☐ Change ☒ Addition
NAME **Thomas Bennett**
STREET ADDRESS **2616 Emory Dr East, "C"**
CITY-ST-ZIP **West Palm Beach, FL 33415**

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: Edna McLean REQUIRE Edna McLean 4/22/03 968-3214

CR2E037 (10/02)