


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90031 022 ****61.25

DOCUMENT # 712642 1. Entity Name CRESTHAVEN VILLAS NO.3 CONDOMINIUM, INC.,					
Principal Place of Business 2885 ASHLEY DRIVE WEST PALM BEACH, FL 33415-8223				Mailing Address 2885 ASHLEY DRIVE WEST PALM BEACH, FL 33415-8223	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2382682	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIN, MADELINE 2811-H ASHLEY DR. W WEST PALM BEACH, FL 33415				Name MADELINE CHIN Street Address (P.O. Box Number is Not Acceptable) 2847-E ASHLEY DR. WEST City WEST PALM BEACH FL Zip Code 33415	
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 <u>Madeline Chin</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-13-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEXA, BARBARA		NAME		
STREET ADDRESS	2789-J ASHLEY DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAN, JOHN		NAME		
STREET ADDRESS	2765-C ASHLEY DR WEST		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TOM		NAME		
STREET ADDRESS	2791-A ASHLEY DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	S-T	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, MADELINE		NAME		
STREET ADDRESS	2811-H ASHLEY DR. WEST		STREET ADDRESS	2847-E ASHLEY DR. WEST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUT, JOY		NAME		
STREET ADDRESS	2769H ASHLEY DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, PATRICIA		NAME		
STREET ADDRESS	2791-B ASHLEY DR. WEST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Madeline S. Chin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>2-13-06</u> Daytime Phone # <u>561-642-5262</u>	