


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2382682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHIN, MADELINE
2847 ASHLEY DR WEST #E
WEST PALM BEACH, FL 33415

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEXA, BARBARA 2789-J ASHLEY DR. WEST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, DOROTHA 2783 ASHLEY DR WEST #B W. PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TOM 2791-A ASHLEY DR. WEST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S-T CHIN, MADELINE 2847-E ASHLEY DR W WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUT, JOY 2769H ASHLEY DR. WEST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLISON, PATRICIA 2791-B ASHLEY DR. WEST WEST PALM BEACH, FL 33415

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02/14/08-80013-005 61.25

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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: Madeline S. Chin MADELINE S. CHIN 2/7/08 561-642-5262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #