


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90078 001 \*\*\*\*61.25

<b>DOCUMENT # 713778</b> 1. Entity Name <b>CRESTHAVEN VILLAS NO 5 CONDOMINIUM, INC.</b>					
Principal Place of Business <b>2885 ASHLEY DR WEST PALM BEACH, FL 33415-8264</b>			Mailing Address <b>2885 ASHLEY DR WEST PALM BEACH, FL 33415-8264</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>59-1984788</b>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FLOYD, MARCH 2920 ASHLEY DR E. APT D WEST PALM BEACH, FL 33415</b>				7. Name and Address of New Registered Agent Name <b>PATRICIA ZOLDAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2926 ASHLEY DR. APT. E</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33415</b>	
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><i>Patricia Zoldan</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DONALD, MOREAU R <input type="checkbox"/> Delete 2910 ASHELY DR E APT D WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONALD, MOREAU 2920 ASHLEY DR E APT D WEST PALM BEACH FL 33415	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP <input type="checkbox"/> Delete HENRY, PRINS 2926 ASHLEY DR E. ATP., D WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HENRY, PRINS 2926 ASHLEY DR E APT D WEST PALM BEACH, FL 33415	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input checked="" type="checkbox"/> Delete CHEESEMAN, RICHARD 2910-F ASHLEY DRIVE E W. PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FLOYD MARCH 2910 ASHLEY DR. E APT, D WEST PALM BEACH FL 33415	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete TOMALO, MARY 2910 ASHLEY DR E APT C WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY - ST - ZIP	B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARBARA WEISENBERGER 2910 ASHLEY DR E APT B WEST PALM BEACH FL 33415	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ZOLDAN, PATRICIA 2926 ASHLEY DR APT E WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY - ST - ZIP	J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSEPH CASTIGLIA 2946 ASHLEY DR. E APT G WEST PALM BEACH FL 33415	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>Patricia Zoldan</i></u> Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					