

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90096 020 ****61.25

DOCUMENT # 714661

1. Entity Name

CRESTHAVEN VILLAS NO. 7 CONDOMINIUM, INC.



Principal Place of Business

C/O MARTIN M RICHTER
2885 ASHLEY DR. E.
W. PALM BEACH FL 33415-5246

Mailing Address

C/O MARTIN M RICHTER
2885 ASHLEY DR. E.
WEST PALM BEACH FL 33415-8246
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2400976

Applied For

Not Applicable

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

RICHTER, MARTIN M
2915 B ASHLEY DR WEST
W PALM BCH FL 33415

Name **LAWRENCE NELSON**

Street Address (P.O. Box Number is Not Acceptable)
**2947 ASHLEY DRIVE WEST
APT. A**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-2005

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE **SD** ☐ Delete
NAME **DUNCAN, LAURA S**
STREET ADDRESS **2911 G ASHLEY DR WEST**
CITY-ST-ZIP **W PALM BCH FL 33415**

TITLE **TD** ☒ Delete
NAME **FUTRAL, GEORGIANNA**
STREET ADDRESS **2857 ASHLEY DR WEST, APT D**
CITY-ST-ZIP **W. PALM BEACH FL 33415**

TITLE **PD** ☐ Delete
NAME **NELSON, LARRY**
STREET ADDRESS **2947 ASHLEY DR WEST APT A**
CITY-ST-ZIP **W PALM BCH FL 33415**

TITLE **VD** ☐ Delete
NAME **FEATHERSON, FANNY**
STREET ADDRESS **2931 B ASHLEY DR W**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ Delete
NAME **PORTER, PEG E**
STREET ADDRESS **2857 C ASHLEY DR W**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ Delete
NAME **MARRERO, CARMEN**
STREET ADDRESS **2951 ASHLEY DR WEST APT E**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **YD** ☒ Change ☐ Addition
NAME **MARRERO, CARMEN ADDA4A**
STREET ADDRESS **2951 ASHLEY DRIVE WEST, APT E**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **D** ☐ Change ☒ Addition
NAME **DUFRENE, DAVID**
STREET ADDRESS **2941 ASHLEY DRIVE WEST, APT D**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **D** ☐ Change ☒ Addition
NAME **WEEKS, HELEN C.**
STREET ADDRESS **2921 ASHLEY DRIVE WEST, APT D**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

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

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

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

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:

Carmen Marrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN A MARRERO

4-18-05

561-649-5418

Date

Daytime Phone #