

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90005 003 ****61.25

DOCUMENT # 714661 1. Entity Name CRESTHAVEN VILLAS NO. 7 CONDOMINIUM, INC.			
Principal Place of Business C/O MARTIN M. RICHTER - LAWRENCE NELSON 2885 ASHLEY DR. E. W. PALM BEACH, FL 33415-5246		Mailing Address LAWRENCE NELSON C/O MARTIN M. RICHTER 2885 ASHLEY DR. E. WEST PALM BEACH, FL 33415-8246 US	
2. Principal Place of Business C/O LAWRENCE NELSON Suite, Apt. #, etc. 2885 ASHLEY Dr E City & State W PALM BEACH FL Zip 33415-5246		3. Mailing Address C/O LAWRENCE NELSON Suite, Apt. #, etc. 2885 Ashley Dr E City & State W PALM BEACH, FL Zip 33415-5246	
4. FEI Number 59-2400976		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 NELSON, LAWRENCE 2947 ASHLEY DRIVE WEST APT 5 WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 SD NAME DUNCAN, LAURA S STREET ADDRESS 2911 G ASHLEY DR WEST CITY-ST-ZIP W PALM BCH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP FEATHERSON, FANNY 2931 B ASHLEY DR WEST WEST PALM BEACH, FL 33415 Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DUFRESNE, DAVID STREET ADDRESS 2941 ASHLEY DRIVE W, APT D CITY-ST-ZIP WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Dir/ PRESIDENT PORTER, PEG E 2857 C ASHLEY DR WEST WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME NELSON, LARRY STREET ADDRESS 2947 ASHLEY DR WEST APT A CITY-ST-ZIP W PALM BCH, FL 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Dir/ SECRETARY/TREASURER MARRERO, CARMEN A. 2951 Ashley Drive WEST, APT E WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD FEATHERSON, FANNY 2931 B ASHLEY DR W WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Dir/ VICE-PRESIDENT WEEKS, HELEN C. 2921 Ashley Drive WEST, APT D WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PRESIDENT PORTER, PEG E 2857 C ASHLEY DR W WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD MARRERO, CARMEN 2951 ASHLEY DR WEST APT E WEST PALM BEACH, FL 33415	<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>Carmen A. Marrero</u> CARMEN A. MARRERO 3-19-06 561-649-5418 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			