2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90132 043 ****61.25

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1. Entity Name
CRESTHAVEN VILLAS NO. 7 CONDOMINIUM, INC.

40093032

Principal Place of Business	Mailing Address
C/O LAWRENCE NELSON 2885 ASHLEY DR. E. W. PALM BEACH, FL 33415-5246	C/O LAWRENCE NELSON 2885 ASHLEY DR. E. W. PALM BEACH, FL 33415-5246 US

04032008 Chg-NP CR2E037 (12/06)

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 59-2400976 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 JOE BARTLETT, ASSOC. MGR.
Street Address (P.O. Box Number is Not Acceptable) 2885 ASHLEY DRIVE EAST
City WEST PALM BEACH FL Zip Code 33415-5246

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 [signature] 4/30/08
Signature, typed or printed name of registered agent and title if applicable. JOSEPH BARTLETT (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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DINUCCI, IRIS 2947 ASHLEY DR W APT B WEST PALM BEACH, FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP DINUCCI, IRIS 2947 ASHLEY DR W., APT B WEST PALM BEACH, FL 33415	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PORTER, PEG E 2857 C ASHLEY DR, W WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MARRERO, CARMEN A. 2951 ASHLEY DRIVE W., APT E WEST PALM BEACH, FL 33415	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MARRERO, CARMEN A 2951 ASHLEY DR W, APT E WEST PALM BEACH, FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEATHERSON, FANNIE 2931 ASHLEY DRIVE WEST, APT B WEST PALM BEACH, FL 33415	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP WEEKS, HELEN C 2921 ASHLEY DR W, APT D WEST PALM BEACH, FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DAVIS, ROBERTA 2907 ASHLEY DRIVE WEST, APT. C WEST PALM BEACH, FL 33415	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUFRESNE, DAVID 2941 ASHLEY DR W APT D WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLAKE, PATRICIA J. 2867 ASHLEY DRIVE WEST, APT. H WEST PALM BEACH, FL 33415	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] PEG E. PORTER 4-29-8 561-966-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #