

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90012 031 ****61.25

DOCUMENT # 715237

1. Entity Name

CRESTHAVEN VILLAS NO. 1 CONDOMINIUM, INC.



Principal Place of Business

C/O ALICE A SIMCINA
4780 CRESTHAVEN BLVD - VILLA H
WEST PALM BEACH FL 33415
US

Mailing Address

4780 CRESTHAVEN BLVD
VILLA H
WEST PALM BEACH FL 33415
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2350836

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

~~SIMCINA, ALICE A.~~
4780 CRESTHAVEN BLVD. #H
W. PALM BEACH FL 33415

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

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	SD	<input type="checkbox"/> Delete
NAME	GROSS, RUTH ELLA	
STREET ADDRESS	4796 CRESTHAVEN BLVD. D-F	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DV Deceased DENNIS REITWEG <input checked="" type="checkbox"/> Delete	
NAME	EMILY REITWEG YK	
STREET ADDRESS	2790 ASHLEY DR. E. #C	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DJ Deceased JOHN HOUT <input checked="" type="checkbox"/> Delete	
NAME	CHECKLEY, FRANCES DR. E. C	
STREET ADDRESS	4796 CRESTHAVEN BLVD - VILLA C	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DJ Deceased ERNEST CICCARELLI <input checked="" type="checkbox"/> Delete	
NAME	FRANCES CICCARELLI	
STREET ADDRESS	4780 CRESTHAVEN BLVD - F	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, GRACE	
STREET ADDRESS	2810 ASHLEY DR E - VILLA B	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	JORGENSEN, VIRGINIA	
STREET ADDRESS	2790 ASHLEY DRIVE - VILLA D	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/29/04 561968 1946

Attachment

ALICE A. SIMCINA REAL ESTATE

6383 10th - Ave. - N - Suite B

Lake Worth, Florida 33463

561-433-0112

Fax (561) 433-2847

715237
44051170

Attention:

We have had replacements
of Directors. I did name the
new Directors.

thank you

Alice A. Simcina