2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717849

FILED Jan 06, 2005 Secretary of State

Entity Name: CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
	64 STREET AMI BEACH, F	FL 33160	US					
Current Mailing Address:					New Mailing Address:			
	64 STREET AMI BEACH, F	FL 33160	US					
FEI Number:	59-1357386	FEI Numb	er Applied For()	FEI Num	nber Not Appl	icable ()	Certificate of St	tatus Desired ()
Name and	Address of C	urrent Re	gistered Agent:		Name and	Address of N	New Registere	d Agent:
HOWARD J. KUSNICK, P.A. 300 NW 82ND AVE., STE 505 FORT LAUDERDALE, FL 33324 US					CARTER, SAMANTHA B ESQ C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301 US			
The above in the State		ubmits this	s statement for the pu	irpose of	f changing it	ts registered o	office or register	red agent, or both,
SIGNATURE: SAMANTHA B. CARTER, ESQ.					01/06/2005			
Electronic Signature of Registered Agent					Date			
OFFICERS AND DIRECTORS:					${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	P () BOZA, HENRY 2025 NE 164TH N MIAMI BEACH				Title: Name: Address: City-St-Zip:	() Change()Addit	tion
Title: Name: Address: City-St-Zip:	S () BORTOLIN, SON 2025 NE 164TH N MIAMI BEACH	STREET			Title: Name: Address: City-St-Zip:	() Change()Addit	tion
Title: Name: Address: City-St-Zip:	D () LINARES, JOHA 2025 NE 164TH N MIAMI BEACH	STREET			Title: Name: Address: City-St-Zip:	D (X GOMEZ, PETE 2025 NE 164TH N MIAMI BEAC	H STREET	tion
Title: Name: Address: City-St-Zip:	V () PEREZ, CARME 2025 NE 164TH N MIAMI BEACH	STREET			Title: Name: Address: City-St-Zip:	() Change ()Addit	tion
Title: Name: Address: City-St-Zip:	T () JONES, IRMA B 2025 N.E. 164 S NORTH MIAMI E	STREET	3160 US		Title: Name: Address: City-St-Zip:	() Change ()Addit	tion

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY BOZA P 01/06/2005