

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90052 042 \*\*\*\*70.00

<b>DOCUMENT # 722152</b> 1. Entity Name <b>CRESTHAVEN VILLAS NO. 22 CONDOMINIUM, INC.</b>					
Principal Place of Business <b>2625 DUDLEY DRIVE EAST CLUB HOUSE - OFFICE WEST PALM BEACH, FL 33415 US</b>			Mailing Address <b>2700 DUDLEY DRIVE EAST APT A WEST PALM BEACH, FL 33415 US</b>		
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 <b>59-2474452</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HANSEN, HENRI</b> <b>2700 DUDLEY DRIVE EAST UNIT A</b> <b>WEST PALM BEACH, FL 33415</b>  			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 use if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HANSON, HENRY</b> <b>2700 DUDLEY DR. E</b> <b>WEST PALM BEACH, FL 33415</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONG, PATRICIA</b> <b>2724 DUDLEY DR. E. (APT. 2)</b> <b>WEST PALM BEACH, FLA. 33415</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALLO, FRANK</b> <b>2784 DUDLEY DR E UNIT I</b> <b>WEST PALM BEACH, FL 33415</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VAN DAM, JEAN</b> <b>2772 F DUDLEY DRIVE E</b> <b>WEST PALM BEACH, FL 33415</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WILLIAMS, NORMA</b> <b>2724 DUDLEY DR E, APT. C</b> <b>WEST PALM BEACH, FL 33415</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HARRY, ELDER</b> <b>2772 DUDLEY DR. EASR</b> <b>WEST PALM BEACH, FL 33415</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>THURSTON, LARRY A</b> <b>2772 DUDLEY DR E. UNIT C</b> <b>WEST PALM BEACH, FL 33415</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DI PACE, ELIE</b> <b>2784 DUDLEY DR. E. (APT. E)</b> <b>WEST PALM BEACH, FLA. 33415</b>	
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.					
<b>SIGNATURE:</b> <b>HENRI J. HANSEN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**66002474**



01042006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66002474

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

CRESTHAVEN VILLAS NO. 22 CONDOMINIUM, INC.  
2700 DUDLEY DRIVE EAST  
APT A  
WEST PALM BEACH, FL 33415 US

Subject: CRESTHAVEN VILLAS NO. 22 CONDOMINIUM, INC.

Reference Number:

722152

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION