

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90016 037 ****61.25

DOCUMENT # 722152 1. Entity Name CRESTHAVEN VILLAS NO. 22 CONDOMINIUM, INC.					
Principal Place of Business 2625 DUDLEY DRIVE EAST CLUB HOUSE - OFFICE WEST PALM BEACH, FL 33415 US			Mailing Address 2700 DUDLEY DRIVE EAST APT A WEST PALM BEACH, FL 33415 US		
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 59-2474452	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HANSEN, HENRI 2700 DUDLEY DRIVE EAST UNIT A WEST PALM BEACH, FL 33415				Name <u>DOMINIC DI PACE</u> Street Address (P.O. Box Number is Not Acceptable) <u>2784 DUDLEY DR. EAST # E</u> City <u>WEST PALM BEACH</u> <u>FL</u> Zip Code <u>33415</u>	
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 <u><i>Dominic Di Pace</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIPACE, DOMINIC P		NAME		
STREET ADDRESS	2784 DUDLEY DR. E.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLO, FRANK		NAME		
STREET ADDRESS	2784 DUDLEY DR E UNIT I		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN DAM, JEAN		NAME	<u>DIRECTOR</u>	
STREET ADDRESS	2772 F DUDLEY DRIVE E		STREET ADDRESS	<u>2760 DUDLEY DR E APT A</u>	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP	<u>WEST PALM BEACH, FL 33415</u>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSON, HENRY		NAME		
STREET ADDRESS	2700 DUDLEY DR. E.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRY, ELDER		NAME		
STREET ADDRESS	2772 DUDLEY DR.EAST		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DI PACE, ELLIE		NAME		
STREET ADDRESS	2784 DUDLEY DR EAST APT E		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33415		CITY-ST-ZIP		
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><i>Dominic Di Pace</i></u> 1/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					