## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 722152** 

FILED Feb 17, 2009 Secretary of State

Entity Name: CRESTHAVEN VILLAS NO. 22 CONDOMINIUM, INC.

	Principal Place of Business:	New	Principal Place of Business:	
CLUB HC	DLEY DRIVE EAST DUSE - OFFICE ALM BEACH, FL 33415 US			
Current Mailing Address:		New	New Mailing Address:	
2700 DUE	DLEY DRIVE EAST			
APT A	ALM BEACH, FL 33415 US			
FEI Numbe	r: 59-2474452 FEI Number Ap	plied For ( ) FEI Number N	lot Applicable ( ) Certificate of Status Desired ( )	
Name an	d Address of Current Registe	red Agent: Nam	ne and Address of New Registered Agent:	
2784 DÚE	DOMINIC DLEY DR EAST #E ALM BEACH, FL 33415 US			
	e named entity submits this stat te of Florida.	ement for the purpose of char	nging its registered office or registered agent, or both	
SIGNATU	IRE:			
	Electronic Signature of	Registered Agent	Date	
OFFICER	S AND DIRECTORS:	ADD	DITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P ( ) Delete DIPACE, DOMINIC P 2784 DUDLEY DR. E. WEST PALM BEACH, FL 33415	Title: Name Addre City-S	E C C C C C C C C C C C C C C C C C C C	
Title: Name: Address: City-St-Zip:	D ( ) Delete GALLO, FRANK 2784 DUDLEY DR E UNIT I WEST PALM BEACH, FL 33415	Title: Name Addre City-S		
Vame: Address:	GALLO, FRANK 2784 DUDLEY DR E UNIT I	Name Addre City-S Title: Name Addre	e: ess: St-Zip: ( ) Change ( ) Addition e:	
Name: Address: City-St-Zip: Title: Name: Address:	GALLO, FRANK 2784 DUDLEY DR E UNIT I WEST PALM BEACH, FL 33415  D () Delete TARANGELO, MARIE 2760 DUDLEY DRE APT A	Name Addre City-S Title: Name Addre City-S Title: Name Addre	e: ess: St-Zip:  ( ) Change ( ) Addition e: ess: St-Zip:  ( ) Change ( ) Addition e:	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOMINIC P. DIPACE PRES 02/17/2009