


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90071 032 ****61.25

DOCUMENT # 722456			
1. Entity Name CRESTHAVEN VILLAS NO. 23 CONDOMINIUM, INC.			
Principal Place of Business 2628 DUDLEY DR E #F W PALM BCH FL 33415 US		Mailing Address 2628 DUDLEY DR E #F W PALM BCH 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



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1631664		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VINEER, HARRIET 2688 DUDLEY DR. E. W PALM BCH FL 33415		7. Name and Address of New Registered Agent Name: SHELDON WEINGUST Street Address (P.O. Box Number is Not Acceptable): 2628 DUDLEY DRIVE EAST - APT. F City: WEST PALM BEACH State: FL Zip Code: 33415	
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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: *SHELDON WEINGUST* (Signature, typed or printed name of registered agent and title if applicable) *Shel Weingust* (NOTE: Registered Agent signature required when reinstating) *2-20-05* (DATE)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: VINEER, HARRIET STREET ADDRESS: 2688 DUDLEY DR. EAST #G CITY-ST-ZIP: WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE: Pres. NAME: WEINGUST, SHELDON STREET ADDRESS: 2628 DUDLEY DR. E. - APT. F CITY-ST-ZIP: WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COOPER, RUTH STREET ADDRESS: 2616 DUDLEY DR. E., UNIT 1 CITY-ST-ZIP: WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete	TITLE: Vice Pres. NAME: VINEER, HARRIET STREET ADDRESS: 2688 DUDLEY DR. E. - APT. G CITY-ST-ZIP: WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: WEINGURST, MARILYN STREET ADDRESS: 2628 DUDLEY DRIVE EAST, #F CITY-ST-ZIP: W PALM BCH FL	<input checked="" type="checkbox"/> Delete	TITLE: TREASURER NAME: KIEFFER, PATRICIA STREET ADDRESS: 2688 DUDLEY DR. E. - APT. J CITY-ST-ZIP: WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KIEFFER, PATRICIA STREET ADDRESS: 2628 B DUDLEY DR E CITY-ST-ZIP: WEST PALM BCH FL	<input checked="" type="checkbox"/> Delete	TITLE: SECRETARY NAME: SCOLLO, CAROLE STREET ADDRESS: 2640 DUDLEY DR. E. - APT. G CITY-ST-ZIP: WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PAPPADIO, MARY STREET ADDRESS: 2652 DUDLEY DR E #B CITY-ST-ZIP: W PALM BCH FL	<input checked="" type="checkbox"/> Delete	TITLE: DIR. NAME: PAPPADIO, MARY STREET ADDRESS: 2652 DUDLEY DR. E. APT. B CITY-ST-ZIP: WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: WINGUST, SHELDON STREET ADDRESS: 2628 DUDLEY DR. EAST #F CITY-ST-ZIP: WEST PALM BCH FL	<input checked="" type="checkbox"/> Delete	TITLE: DIR. NAME: COOPER, RUTH STREET ADDRESS: 2616 DUDLEY DR. EAST - APT. I CITY-ST-ZIP: WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Shel Weingust* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) *2-20-05 561-967-5007* (Date Daytime Phone #)