


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 722456</b> 1. Entity Name <b>CRESTHAVEN VILLAS NO. 23 CONDOMINIUM, INC.</b>									
Principal Place of Business <b>2628 DUDLEY DR E #F W PALM BCH FL 33415 US</b>		Mailing Address <b>2628 DUDLEY DR E #F W PALM BCH 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>59-1631664</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table>		Applied For	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
Applied For	<input type="checkbox"/>								
Not Applicable	<input type="checkbox"/>								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>WEINGUST, SHELDON 2628 DUDLEY DRIVE EAST APT F W PALM BCH FL 33415</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>					
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 <i>Shel Weingust</i> <b>President</b>		Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees					
<b>Make Check Payable to Florida Department of State</b>									
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"/> Add						
NAME	WEINGUST, SHELDON	NAME	U00000403941						
STREET ADDRESS	2628 DUDLEY DR E, APT F	STREET ADDRESS	02/06/06-80027-015 61.25						
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"/> Add						
NAME	COOPER, RUTH	NAME							
STREET ADDRESS	2616 DUDLEY DR EAST, APT I	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"/> Add						
NAME	KIEFFER, PATRICIA	NAME							
STREET ADDRESS	2688 DUDLEY DR E, APT J	STREET ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL 33415	CITY-ST-ZIP							
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add						
NAME	SCOLLO, CAROLE	NAME							
STREET ADDRESS	2640 DUDLEY DR E, APT G	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"/> Add						
NAME	PAPPADIO, MARY	NAME							
STREET ADDRESS	2652 DUDLEY DR E #B	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"/> Add						
NAME	VINEER, HARRIET	NAME							
STREET ADDRESS	2655 DUDLEY DR EAST, APT G	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 Section 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: <i>Shel Weingust</i> <b>Pres.</b>		Jan 24, 2006 561-967-5007							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #							



1st MOORE CR2E037 (10/05)