

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90104 001 \*\*\*\*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**

**60002547**



01042007 Chg-NP CR2E037 (12/06)

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  
**59-1631664**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINGUST, SHELDON**  
**2628 DUDLEY DRIVE EAST**  
**APT F**  
**W PALM BCH, FL 33415**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **WEINGUST, SHELDON**  
STREET ADDRESS **2628 DUDLEY DR E, APT F**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **COOPER, RUTH**  
STREET ADDRESS **2616 DUDLEY DR EAST, APT I**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **D** ☒ Change ☐ Addition  
NAME **RICHARD FANNING**  
STREET ADDRESS **2604 DUDLEY DR. EAST APT. G**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **T** ☐ Delete  
NAME **KIEFFER, PATRICIA**  
STREET ADDRESS **2688 DUDLEY DR E, APT J**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SCOLLO, CAROLE**  
STREET ADDRESS **2640 DUDLEY DR E, APT G**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **PAPPADIO, MARY**  
STREET ADDRESS **2652 DUDLEY DR E #B**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **D** ☒ Change ☐ Addition  
NAME **CAROLE BOARDMAN**  
STREET ADDRESS **2676 DUDLEY DR. EAST APT. B**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **VP** ☐ Delete  
NAME **VINEER, HARRIET**  
STREET ADDRESS **2655 DUDLEY DR EAST, APT G**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sheldon Weingust Pres.* 1-4-07

Date

561-967-5007

Daytime Phone #