

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90029 034 ****61.25

DOCUMENT # 722568

1. Entity Name
CRESTHAVEN VILLAS NO. 24 CONDOMINIUM, INC.



Principal Place of Business
**C/O DUDLEY MASTER ASSOCIATION, INC.
2625 DUDLEY DRIVE EAST
WEST PALM BEACH, FL 33415 US**

Mailing Address
**C/O DUDLEY MASTER ASSOCIATION, INC
2625 DUDLEY DRIVE EAST
WEST PALM BEACH, FL 33415 US**

00000717



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1924012

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HART, JOHN N
2655 DUDLEY DR E
UNIT F
WEST PALM BEACH, FL 33415**

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	WEITZMAN, MAX	
STREET ADDRESS	2699 DUDLEY DR. EAST UNIT F	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEVINE, PAUL	
STREET ADDRESS	2759 DUDLEY DR. E UNIT A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HART, JOHN N	
STREET ADDRESS	2655 DUDLEY DR E UNIT F	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISSON, HECTOR	
STREET ADDRESS	2723 DUDLEY DR. EAST UNIT I	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	POMERLEAU, HENRI-PAUL	
STREET ADDRESS	2747 DUDLEY DR E UNIT A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOYLES, TROY	
STREET ADDRESS	2711 DUDLEY DR E UNIT F	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1-5-06