

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722568

FILED
Feb 04, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 59-1924012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEITZMAN, MAX
Address: 2699 DUDLEY DR. EAST UNIT F
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD () Delete
Name: LEVINE, PAUL
Address: 2759 DUDLEY DR. E UNIT A
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD () Delete
Name: HART, JOHN N
Address: 2655 DUDLEY DR E UNIT F
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: BISSON, HECTOR
Address: 2723 DUDLEY DR. EAST UNIT I
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: POMERLEAU, HENRI-PAUL
Address: 2747 DUDLEY DR E UNIT A
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VD () Delete
Name: HANSEN, STEVE
Address: 2747 DUDLEY DR EAST UNIT G
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN H. HART

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date