


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90032 008 ****61.25

DOCUMENT # 723465					
1. Entity Name CRESTHAVEN VILLAS NO. 25 CONDOMINIUM, INC.					
Principal Place of Business 2567 DUDLEY DR W VILLA A WEST PALM BCH, FL 33415 US		Mailing Address 2567 DUDLEY DR W VILLA A WEST PALM BCH, FL 33415 US			
2. Principal Place of Business 2526 DUDLEY DR, E. Suite, Apt. #, etc.		3. Mailing Address 2526 DUDLEY DR, E. Suite, Apt. #, etc.		40004423	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		01192005 Chg-NP CR2E037 (10/03)	
Zip 33415-8006	Country USA	Zip 33415-8006	Country USA	4. FEI Number 59-2488395	Applied For Not Applicable
6. Name and Address of Current Registered Agent BRUCALERI, SAM 2511 DUDLEY DR W UNIT B WEST PALM BEACH, FL 33415				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent					
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>Salvatore Bucaleri</i>				DATE: 01-20-05	
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANTANGELO, BEATRICE 2508 DUDLEY DR E VILLA E WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANGELO, BEATRICE 2508 DUDLEY DR. E., UNIT E W. PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUCALERI, SAM 2511 DUDLEY DR W UNIT B WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ANTILLO, NICHOLAS 2520 DUDLEY DR. E., UNIT C W. PALM BEACH, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEA, MARY ELLEN 2508 DUDLEY DRIVE EAST VILLA B WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEA, MARY ELLEN 2508 DUDLEY DR. E., UNIT B W. PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BYRNES, JOSEPHINE 2520 DUDLEY DR E UNIT H WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNES, JOSEPHINE 2520 DUDLEY DR. E., UNIT H W. PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELMA OPPENHEIM 2580 DUDLEY DR E, VILLA F W PALM BCH FL, 33415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D KERN, FLORENCE 2546 DUDLEY DR. E., UNIT F W. PALM BEACH, FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANEY, KATHLEEN 2532 DUDLEY DR E UNIT H LAKE WORTH, FL 33465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LAARABEE, ROBERT 2567 DUDLEY DR. W., UNIT G W. PALM BEACH, FL 33415	<input type="checkbox"/> Change <input checked="" 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: <i>Salvatore Bucaleri</i>				DATE: 01-20-05 964-6490	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	