

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90025 048 ****61.25

DOCUMENT # 724332

1. Entity Name
CRESTHAVEN VILLAS NO. 26 CONDOMINIUM, INC.



Principal Place of Business
**2625 DUDLEY DR E
WEST PALM BEACH, FL 33415 US**

Mailing Address
**2625 DUDLEY DR E
WEST PALM BEACH, FL 33415 US**

00058803



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2649705

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

**ADER, SHIRLEY
2557 DUDLEY DR West
UNIT D
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

Shirley Ader, Shirley Ader, Sec'y Master Board Cresthaven Villas

7/21/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FRIEDMAN, LORETTA
2593 DUDLEY DR E #B
WEST PALM BEACH, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S.
Friedman, LORETTA
2593 Dudley DR. W. #B
West Palm Beach, FL 33415** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ADER, SHIRLEY
2557 DUDLEY DR E #D
W PALM BCH, FL 00000,** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Ader, Shirley
2557 Dudley DR. W. #D
West Palm Beach, FL 33415** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MONTALBANO ANGELA
2569 DUDLEY DR E #B
WEST PALM BEACH, FL 33415** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Howlett Luke
2533 Dudley DR. W. #B
West Palm Beach, FL 33415** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
O'LARI, CHARLES
2533 DUDLEY DR E #C
W. PALM BEACH, FL 33415** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OLARI, Gloria
2533 Dudley DR. W. #C
West Palm Beach, FL 33415** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROHAN, JOHN
2569 DUDLEY DR E #E
WEST PALM BEACH, FL 33415** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Rohan, John
2593 Dudley DR. W. #E
West Palm Beach, FL 33415** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CONFORTI, NICHOLAS
2533 DUDLEY DR E #D
W PALM BCH, FL 33415** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OZAROSKI Ed
2545 Dudley DR. W.
West Palm Beach, FL 33415** ☒ Change ☒ 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:

Shirley Ader, Shirley Ader, Sec'y Master Board Cresthaven Villas 561-967-5223

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #