## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT #724332** 01-18-2007 90111 013 \*\*\*\*61.25 CRESTHAVEN VILLAS NO. 26 CONDOMINIUM, INC. Mailing Address Principal Place of Business RABSUMA 2625 DUDLEY DR E 2557 DUDLEY DR W WEST PALM BEACH, FL 33415 HINIT D WEST PALM BEACH, FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E037 (12/06) City & State 4. FEI Number Applied For City & State 59-2649705 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADER, SHIRLEY Street Address (P.O. Box Number is Not Acceptable) 2557 DUDLEY DR W **UNIT D** W PALM BCH, FL 33415 City 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) Make check payable to 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. П Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Delete TITLE Channe ☐ Addition TITLE NAME FRIEDMAN, LORETTA NAME STREET ADDRESS 2593 DUDLEY DR W.# B STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-ZIP HOWIETT, MARGARET 2533 Dudley DR. W. #B ☐ Addition TITLE TITLE Delete ADER, SHIRLEY NAME NAME STREET ADDRESS 2557 DUDLEY DR W#D STREET ADDRESS WEST Palm Headle, F1 33415 OPPEN HELMER BRUCE Denange WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE TITLE HOWLETT, LUKE NAME NAME 2521 Dudley DR. West #c 2533 DUDLEY DRN,# C STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33415 CITY-ST-ZIP CITY-ST-7IP ☐ Addition □ Delete TITLE OLARI, GLORIA NAME NAME &ICA(IA 2533 DUDLEY DRW#C 2533 DUDLEY DRW #6 STREET ADDRESS STREET ADDRESS W. PALM BEACH, FL. 33415 CITY-ST-ZIP CITY-ST-ZIP Addition VΡ Delete TITLE TITLE KAPRELIAN, GEORGE ROHAN, JOHN NAME NAME 2521 Dudley DR. W. &F STREET ADDRESS STREET ADDRESS 2593 DUDLEY DR W.# E CITY-ST-7IP WEST PALM BEACH, FL 33415 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE MONTALBANO, JOSEPH NAME NAME 2569 DUDLEY DR W # B STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH, FL 33415 12. I hereby certify that the information supplied with this filling 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.

FILED Jan 18, 2007 8:00 am

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Daytime Phone #