

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90004 009 ****70.00

DOCUMENT # 726509 1. Entity Name CRESTVIEW GARDENS CONDOMINIUM, INC.					
Principal Place of Business 121 SW 25TH AVE BOYNTON BCH, FL 33435			Mailing Address 121 SW 25TH AVE BOYNTON BCH, FL 33435		
2. Principal Place of Business 2301 SE 4th Street Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Boynton Beach, FL Zip 33435			City & State Boynton Beach, FL Zip 33435		
4. FEI Number 59-1691885				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				03292004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent SAMYN, RUTH S 121 SW 25TH AVE BOYNTON BCH, FL 33435			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, 2004		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	P SAMYN, MICHAEL R 121 SW 25TH AVE BOYNTON BCH, FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEDRICK, NELLE B 2301 SE 4TH STREET #8 BOYNTON BCH, FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAMYN, RUTH 121 SW 25TH AVE BOYNTON BCH, FL 33435	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Ruth S. Samyn</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RUTH S. SAMYN			3/26/2004 561-731-4832 Date Daytime Phone #		