2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 726509

1. Entity Name
CRESTVIEW GARDENS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
2301 SE 4TH STREET BOYNTON BCH, FL 33435	121 SW 25TH AVE BOYNTON BCH, FL 33435

DO NOT WRITE IN THIS SPACE

05032006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1691885

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAMYN, RUTH S
121 SW 25TH AVE
BOYNTON BCH, FL 33435

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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 September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAMYN, MICHAEL R
STREET ADDRESS	121 SW 25TH AVE
CITY-ST-ZIP	BOYNTON BCH, FL 33435
TITLE	VP
NAME	HEDRICK, NELLE B
STREET ADDRESS	2301 SE 4TH STREET #8
CITY-ST-ZIP	BOYNTON BCH, FL 33435
TITLE	ST
NAME	SAMYN, RUTH
STREET ADDRESS	121 SW 25TH AVE
CITY-ST-ZIP	BOYNTON BCH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80054-020 61.25

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12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Ruth S. Samyn Sec Treasurer 5/1/2006 RUTH S SAMYN 561-731-4832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #