


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90029 024 \*\*\*\*61.25

<b>DOCUMENT # 741242</b> 1. Entity Name <b>CRESTHAVEN CONDOMINIUM TOWNHOMES, SECTION 2, INC.</b>					
Principal Place of Business <b>1555 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401</b>			Mailing Address <b>2328 S CONGRESS AVE STE 2A WEST PALM BEACH, FL 33406</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GELFAND, MICHAEL J., ESQUIRE 1555 PALM BEACH LAKES BLVD #1220 WEST PALM BEACH, FL 33401</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD LITOS, ANYTHOY 2328 S. CONGRESS AVE, SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BARTLETT, JERRY 2328 S. CONGRESS AVE, SUITE 2A WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD GAYNOR, JOHN 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD WARRING, DIANE 2328 S. CONGRESS AVE, SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD WARRING, DIANE 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD ROBELES, ALICIA 2328 S. CONGRESS AVE, SUITE 2A WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D UGI, JOSEPH 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D CALIENDO, JOSEPH 2328 S. CONGRESS AVE, SUITE 2A WEST PALM BEACH, FL 33406</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROBBINS, L. SCOTTY 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ARIOLA, LOUISE 2328 S. CONGRESS AVE, SUITE 2A WEST PALM BEACH, FL 33406</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>John F. Gaynor Jr.</i> <i>John F. Gaynor Jr.</i> <i>3/14/06</i> <i>861-357-9827</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					