

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 768173 1. Entity Name CRESTHAVEN APPLIANCE SERVICE, INC.	
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Principal Place of Business CRESTHAVEN APPL. SERV. 2885 E ASHLEY DR WEST PALM BEACH, FL 33415 US	Mailing Address CRESTHAVEN APPL. SERV. 2885 E ASHLEY DR WEST PALM BEACH, FL 33415 US
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01312008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2283782	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RESNICK, SYLVIA M 2885 E ASHLEY DR WEST PALM BEACH, FL 33415
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**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MARTIN, OLGA 2522-H EMORY DR. EAST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RENNERT, FLORA 2590-F BARLEY DR E WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEESEMAN, RICHARD 2910-F ASHLEY DR EAST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHEESEMAN, JUDITH 2910-F ASHLEY DR. EAST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RESNICK, SYLVIA 2717-C EMORY DRIVE WEST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPPENS, LOUISE 2761-E EMORY DRIVE WEST W PALM BEACH, FL 33415

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03/02/06-80023-003 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: Sylvia M. Resnick Treasurer 2/15/06 (561) 967-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SYLVIA M. RESNICK