

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

OCT 13 PM 3:50

TALLAHASSEE, FLORIDA



09292005 REIN-NP CR2E099 (6/04)

4. FEI Number 59-6145662 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # N96000006245  
1. Entity Name  
CRESTHAVEN CIVIC ASSOCIATION, INC.



Principal Place of Business 3504 NE 16 TERRACE  
POMPANO BEACH, FL 33064  
Mailing Address PO BOX 51698  
POMPANO BEACH, FL 33074

2. Principal Place of Business 3. Mailing Address  
1440 NE 32 Place

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Pompano Beach, FL

Zip 33064 Country BROWARD

6. Name and Address of Current Registered Agent

FREND AHL, BRUCE  
1460 NE 32 ST  
POMPANO BEACH, FL 33064

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	100060780501	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEINBERG, ANDY			NAME	10/19/05--01064--004		
STREET ADDRESS	1440 NE 32ND PLACE			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPENCE, DAVE			NAME			
STREET ADDRESS	1240 NE 33RD COURT			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPENCE, DIANA M			NAME			
STREET ADDRESS	1240 NE 33 COURT			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			
TITLE	FS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEINBERG, BARBARA			NAME			
STREET ADDRESS	1440 NE 32 PLACE			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN			NAME			
STREET ADDRESS	1610 NE 32 COURT			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			
TITLE	RSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, SARAH			NAME			
STREET ADDRESS	1364 NE 25 CT			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH, FL 33064			CITY-ST-ZIP			

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: [Signature] TREASURER 9/28/05 954-944-6337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #