

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 30, 2006 8:00 am
Secretary of State**

01-30-2006 90059 010 ****70.00

DOCUMENT # N96000006245

1. Entity Name
CRESTHAVEN CIVIC ASSOCIATION, INC.



Principal Place of Business
3500 NE 16 TERRACE
POMPANO BEACH, FL 33064

Mailing Address
1440 NE 32 PLACE
POMPANO BEACH, FL 33064



2. Principal Place of Business	3. Mailing Address <i>1240 NE 33 COURT</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>POMPANO BEACH</i>
City & State	City & State <i>FL 33064</i>
Zip	Country <i>USA</i>
Zip	Zip <i>33064</i>
Country	Country <i>BROWARD</i>

01102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6145662

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRENDAHL, BRUCE
1460 NE 32 ST
POMPANO BEACH, FL 33064

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, 2006**

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	VP FEINBERG, ANDY 1440 NE 32ND PLACE POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SGT. - AT - ARMS</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCE, DAVE 1240 NE 33RD COURT POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PAST PRESIDENT / DIRECTOR</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SPENCE, DIANA M 1240 NE 33 COURT POMPANO BEACH, FL 33064	<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	FS FEINBERG, BARBARA 1440 NE 32 PLACE POMPANO BEACH, FL 33064	<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	VP WILLIAMS, JOHN 1610 NE 32 COURT POMPANO BEACH, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MARK REUWER V.P. 2921 NE 11 TERRACE POMPANO BEACH, FL 33064</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD BROWN, SARAH 1364 NE 25 CT POMPANO BEACH, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JOHN MEAD, PRESIDENT + DIRECTOR 1417 NE 26 CT. POMPANO BEACH, FL 33064</i> <input type="checkbox"/> Change <input checked="" 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.

DIANA M. SPENCE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Jan. 27, 2006 958/941-6337