

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90016 011 ****70.00

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1. Entity Name
CRESTHAVEN CIVIC ASSOCIATION, INC.



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

Mailing Address
**1240 NE 33 CT
POMPANO BEACH, FL 33064**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1360 NE 25 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
POMPANO BEACH, FL

Zip

Country

Zip
33064

Country

USA

05082007

Chg-NP

CR2E037 (12/06)

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**

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

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 14, 2007**

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

TITLE **SGTA** ☐ Delete
NAME **FEINBERG, ANDY**
STREET ADDRESS **1440 NE 32ND PLACE**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **PPD** ☐ Delete
NAME **SPENCE, DAVE**
STREET ADDRESS **1240 NE 33RD COURT**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **TD** ☐ Delete
NAME **SPENCE, DIANA M**
STREET ADDRESS **1240 NE 33 COURT**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **FS** ☐ Delete
NAME **FEINBERG, BARBARA**
STREET ADDRESS **1440 NE 32 PLACE**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **VP** ☐ Delete
NAME **REUWER, MARK**
STREET ADDRESS **2921 NE 11 TERR**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE **RSD** ☐ Delete
NAME **BROWN, SARAH**
STREET ADDRESS **1364 NE 25 CT**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PARLIAMENTARIAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **F. JOHN MEAD**
STREET ADDRESS **1417 NE 26 COURT**
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **DIANA M. SPENCE**
TREASURER

2/27/07

954 941 6337