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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719730

1. Corporation Name
CRESTHAVEN VILLAS NO. 18 CONDOMINIUM, INC.

Principal Place of Business C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST W PALM BCH FL 33415-8418	Mailing Address C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST W PALM BCH FL 33415-8418
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/23/1970
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2239829
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BORGES, REYNALDO CROSLY RECREATION CENTER 2889 CROSLY DRIVE EAST WEST PALM BEACH FL 33415		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVENPORT, AGNES	1.2 NAME	Emily Sleeth
STREET ADDRESS	2980-C CROSLY DR E	1.3 STREET ADDRESS	2966-A Crosley Dr E
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	WERTZ, SOPHIE	2.2 NAME	
STREET ADDRESS	2976-J CROSLY DR E	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, RHODA	3.2 NAME	Colleene Rex
STREET ADDRESS	2956-B CROSLY DR. E	3.3 STREET ADDRESS	2876-H Crosley Dr E
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, GLADYS	4.2 NAME	Hazel Kerr
STREET ADDRESS	2960-D CROSLY DR E	4.3 STREET ADDRESS	2990-E Crosley Dr E
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ZAFFRAM, BETTY	5.2 NAME	
STREET ADDRESS	2950-F CROSLY DRIVE EAST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	CASTOR, CRYSTAL	6.2 NAME	
STREET ADDRESS	2980-G CROSLY DR. E	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sophie Wertz **REQUIRED** Wertz 2/10/99 433 9063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)