

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90090 023 ****61.25

DOCUMENT # 719730

1. Entity 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

50011128



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2239829

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORGES, REYNALDO
CROSLY RECREATION CENTER
2889 CROSLY DRIVE EAST
WEST PALM BEACH FL 33415

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	VD	<input type="checkbox"/> Delete
NAME	FINK, GEORGE	
STREET ADDRESS	2966-B CROSLY DR EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	WERTZ, SOPHIE	
STREET ADDRESS	2976-J CROSLY DR E	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REX, COLLEENE	
STREET ADDRESS	2876-H CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FAAS, FRED	
STREET ADDRESS	2986-A CROSLY DR EAST	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZAFFRAM, BETTY	
STREET ADDRESS	2950-F CROSLY DRIVE EAST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KRAKER, AGNES	
STREET ADDRESS	2980-C CROSLY DR. E.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRYSTAL CASTOR	
STREET ADDRESS	2982-G CROSLY DR EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD TAYLOR	
STREET ADDRESS	2986-A CROSLY DR EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Agnes Kraker **AGNES KRAKER** 01/25/05 (561)965-2128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #