
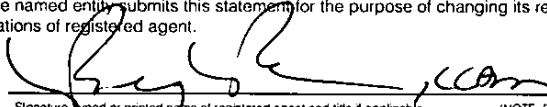
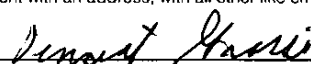


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90028 031 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
07032008		Chg-NP	CR2E037 (12/06)
4. FEI Number 59-2239829		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <u>BEAGAN BAENNER, LCM</u> Street Address (P.O. Box Number is Not Acceptable) <u>Crosley Recreation Center</u> <u>2889 Crosley Drive East</u> City <u>West Palm Beach</u> FL Zip Code <u>33415</u>	
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 		DATE <u>07/10/08</u>	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAAS, JENNY	NAME	
STREET ADDRESS	2990 E CROSLY DR E	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSI, VINCE	NAME	<u>PD Grossi, Vincent</u>
STREET ADDRESS	2990 CROSLY DRIVE EAST APT I	STREET ADDRESS	<u>2990 Crosley Dr East, Apt I</u>
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP	<u>WPB, FL 33415</u>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTOR, CRYSTAL	NAME	
STREET ADDRESS	2982-G CROSLY DR EAST	STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 33415	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEL, KERR	NAME	
STREET ADDRESS	2990 CROSLY DRIVE EAST APT E	STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 33415	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAFFRAM, BETTY	NAME	
STREET ADDRESS	2950-F CROSLY DRIVE EAST	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAKER, AGNES	NAME	<u>JD Kraker, Agnes</u>
STREET ADDRESS	2980-C CROSLY DR. E.	STREET ADDRESS	<u>2980 Crosley Dr East, Apt C</u>
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	CITY-ST-ZIP	<u>WPB, FL 33415</u>
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: 		Date <u>7/19/08</u> Daytime Phone # <u>570-885-1468</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	