

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90116 029 ****61.25

UAS/153

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**

22001274



CHECK HERE IF MAKING CHANGES

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

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	D	<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	T	<input type="checkbox"/> Delete
NAME	REX, COLLEENE	
STREET ADDRESS	2876-H CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KERR, HAZEL	
STREET ADDRESS	2990-E CROSLY DR E	
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
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STREET ADDRESS		
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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: _____

REQUIRE

1/14/03 965-2188

CR2E037 (10/02)