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FILED

Apr 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # N18307 (1)  
1. Corporation Name  
CRESTHAVEN-ASHLEY MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2885 ASHLEY DR E.  
WEST PALM BEACH FL 334152885 ASHLEY DR E.  
WEST PALM BEACH FL 33415-02983. Date Incorporated or Qualified  
12/17/19863a. Date of Last Report  
05/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2769277

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EPSTEIN, GLADYS  
2781 ALSHLEY DR. E.  
WEST PALM BEACH FL 3341581 Name  
SIMCINA, ALICE82 Street Address (P.O. Box Number is Not Acceptable)  
4780-H CRESTHAVEN BLVD.

83

84 City  
WEST PALM BEACH

FL

85 Zip Code  
33415

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 *Alice Simcina* ALICE SIMCINA, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EPSTEIN, GLADYS	
STREET ADDRESS	2781 ASHLEY DR. E.	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, ALMA	
STREET ADDRESS	2940 ASHLEY DR., E.	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SIMCINA, ALICE	
STREET ADDRESS	4780 CRESTHAVEN BLVD-H	
CITY - ST - ZIP	DEERFIELD BCH. FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, JOHN	
STREET ADDRESS	2783-B ASHLEY DR. WEST	
CITY - ST - ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHOSTEK, LENOARD	
STREET ADDRESS	2910 ASHLEY DR E	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN RICHTER	
STREET ADDRESS	2915 ASHLEY DR W	
CITY - ST - ZIP	WEST PALM BEACH FL	

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LYMAN, WILLIAM	
1.3 STREET ADDRESS	2864-F ASHLEY DR. E.	
1.4 CITY - ST - ZIP	W. PALM BEACH FL 33415	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GORMLY, JOHN	
2.3 STREET ADDRESS	2846-E ASHLEY DR. E.	
2.4 CITY - ST - ZIP	W. PALM BEACH FL 33415	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	4780-H CRESTHAVEN BLVD.	
3.4 CITY - ST - ZIP	W. PALM BEACH FL 33415	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PALMER, SALLY ANN	
4.3 STREET ADDRESS	2960-C ASHLEY DR. E.	
4.4 CITY - ST - ZIP	W. PALM BEACH FL 33415	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HADSELL, BARBARA	
5.3 STREET ADDRESS	2950-E ASHLEY DR. E.	
5.4 CITY - ST - ZIP	W. PALM BEACH FL 33415	
6.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	2915-B ASHLEY DR. W.	
6.4 CITY - ST - ZIP	W. PALM BEACH FL 33415	

14. I do 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.

SIGNATURE: *William Lyman* WILLIAM LYMAN, SECRETARY

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041259

CR2E037 (9/96)

**CRESTHAVEN ASHLEY MASTER ASSOCIATION, INC.**  
2885 ASHLEY DRIVE EAST  
WEST PALM BEACH, FLORIDA 33415  
(407) 965 3520

1997

CORPORATION ANNUAL REPORT OF CRESTHAVEN ASHLEY MASTER ASSOC., INC.

13.

D  
GARY HANNA  
2765-D ASHLEY DR. W.  
W. PALM BEACH FL 33415