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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18307** (1)
1. Corporation Name

CRESTHAVEN-ASHLEY MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2885 ASHLEY DR E.
WEST PALM BEACH FL 33415**

**2885 ASHLEY DR E.
WEST PALM BEACH FL 33415**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30
9. Name and Address of Current Registered Agent

**SMCINA, ALICE
4780-H CRESTHAVEN BLVD
WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified

12/17/1986

4. FEI Number

59-2769277

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Hanna, Gary D.

82 Street Address (P.O. Box Number is Not Acceptable)

2765-D Ashley Drive West

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 **Gary D. Hanna, President**

January 21, 1998

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LYMAN, WILLIAM	
STREET ADDRESS	2884-F ASHLEY DR EAST	
CITY-ST-ZIP	W. PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GORMLY, JOHN	
STREET ADDRESS	2848-E ASHLEY DR EAST	
CITY-ST-ZIP	W. PALM BEACH FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMCINA, ALICE	
STREET ADDRESS	4780 H CRESTHAVEN BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PALMER, SALLY A	
STREET ADDRESS	2880-C ASHLEY DR EAST	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HADSELL, BARBARA	
STREET ADDRESS	2850-E ASHLEY DRIVE EAST	
CITY-ST-ZIP	WEST PALM BEACH FL	

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN RICHTER	
STREET ADDRESS	2815-B ASHLEY DRIVE WEST	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Duncan, Laura S.	
1.3 STREET ADDRESS	2911-G Ashley Drive West	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33415	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hanna, Gary D.	
6.3 STREET ADDRESS	2765-D Ashley Drive West	
6.4 CITY-ST-ZIP	West Palm Beach, FL 33415	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Gary D. Hanna, President** January 21, 1998

CR2E037 (10/97)

CRESTAVEN ASHLEY MASTER ASSOCIATION, INC,
2885 ASHLEY DRIVE EAST
WEST PALM BEACH, FLORIDA, 33415
(561) 965-3520

13.

Addition
X

D

Beagle, Edward
2898-F Ashley Drive East
West Palm Beach, FL 33415