

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90050 022 ****61.25

DOCUMENT # N18307

1. Entity Name

CRESTHAVEN-ASHLEY MASTER ASSOCIATION, INC.



Principal Place of Business

2885 ASHLEY DR E.
WEST PALM BEACH FL 33415

Mailing Address

2885 ASHLEY DR E.
WEST PALM BEACH FL 33415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2769277

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EPSTEIN, GLADYS
2781-F ASHLEY DR EAST
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name **Ronald E. Rice**
Street Address (P.O. Box Number is Not Acceptable)

2898-D Ashley Dr. East
City **West Palm Beach** **FL** Zip Code **33415**

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 *Ronald E. Rice*, President **Ronald E. Rice** **January 27, 2004**
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, 2004

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

TITLE **D** ☒ Delete
NAME **CATALDO, ANNA**
STREET ADDRESS **2898 E ASHLEY DR EAST**
CITY-ST-ZIP **W. PALM BEACH FL 33415**

TITLE **VPD** ☐ Delete
NAME **MARCH, FLOYD M**
STREET ADDRESS **2910 - D ASHLEY DR EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **TD** ☒ Delete
NAME **PORTER, PEGGY**
STREET ADDRESS **2857-C ASHLEY DR WEST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **PD** ☒ Delete
NAME **EPSTEIN, GLADYS**
STREET ADDRESS **2781-F ASHLEY DR EAST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **SD** ☒ Delete
NAME **KONRAD, LEONARD**
STREET ADDRESS **2961-A ASHLEY DR WEST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☒ Delete
NAME **HANNA, GARY D**
STREET ADDRESS **2765-D ASHLEY DR W**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **RONALD E. RICE**
STREET ADDRESS **2898-D ASHLEY DR. EAST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **LARRY NELSON**
STREET ADDRESS **2947-A ASHLEY DR. WEST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **VPD** ☐ Change ☒ Addition
NAME **ED BAHR**
STREET ADDRESS **2970-D ASHLEY DR. EAST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **SD** ☐ Change ☒ Addition
NAME **JOHN D. SHUMAN**
STREET ADDRESS **2765-C ASHLEY DR. WEST**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

TITLE **D** ☐ Change ☒ Addition
NAME **ALICE A. SIMCINA**
STREET ADDRESS **4780-H CRESTHAVEN BLVD.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33415**

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.

(561)

SIGNATURE: *Ronald E. Rice*, President

Jan. 27, 2004 965-3520

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

N18367

D
SANTO COLUCCI
2846-F ASHLEY DR. WEST
WEST PALM BEACH, FL 33415

X ADDITION