


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90051 013 \*\*\*\*61.25

<b>DOCUMENT # N18307</b>					
<b>1. Entity Name</b> CRESTHAVEN-ASHLEY MASTER ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2885 ASHLEY DR E. WEST PALM BEACH, FL 33415			<b>Mailing Address</b> 2885 ASHLEY DR E. WEST PALM BEACH, FL 33415		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01252007    Chg-NP    CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 59-2769277	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SIMCINA, ALICE A 4780-H CRESTHAVEN BLVD WEST PALM BEACH, FL 33415			<b>7. Name and Address of New Registered Agent</b> Name <u>FLOYD MARCH</u> Street Address (P.O. Box Number is Not Acceptable) <u>2910-D ASHLEY DR. EAST</u> City <u>W. PALM BEACH</u> <u>FL</u> Zip Code <u>33415</u>		
<b>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.</b>					
SIGNATURE <u>M. FLOYD MARCH PD</u> <u>M. Floyd March</u> <u>2/14/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> MANN, PATRICIA <b>STREET ADDRESS</b> 2965-I ASHLEY DR W <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MARY ANN GRAY <b>STREET ADDRESS</b> 3961-D ASHLEY DR. W <b>CITY-ST-ZIP</b> W. PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> MARCH, FLOYD M <b>STREET ADDRESS</b> 2910 - D ASHLEY DR EAST <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> BRANDO TEOBRIERO <b>STREET ADDRESS</b> 2868-E ASHLEY DR E <b>CITY-ST-ZIP</b> W. PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> PORTER, PEG <b>STREET ADDRESS</b> 2857-C ASHLEY DR W <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> ALICE SIMCINA <b>STREET ADDRESS</b> 4780-H CRESTHAVEN BLVD. <b>CITY-ST-ZIP</b> W. PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> BEATSON, DAVID <b>STREET ADDRESS</b> 2811-E ASHLEY DR E <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> M. FLOYD MARCH <b>STREET ADDRESS</b> 2910-D ASHLEY DR. E. <b>CITY-ST-ZIP</b> W. PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LEXA, BARBARA <b>STREET ADDRESS</b> 2789-J ASHLEY DR W <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33415	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
<b>TITLE</b> PD <b>NAME</b> SIMCINA, ALICE A <b>STREET ADDRESS</b> 4780-H CRESTHAVEN BLVD <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33415	<input checked="" type="checkbox"/> Delete		(Empty row for additions/changes)		
<b>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.</b>					
<b>SIGNATURE:</b> <u>M. Floyd March</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				(561) 965-3520 <small>Date    Daytime Phone #</small>	