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FILED

Jan 23 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720944 (8)

1. Corporation Name:

CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

C/O CROSLY MASTER ASSOCIATION  
2889 CROSLY DRIVE EAST  
WEST PALM BEACH FL 33415-8418C/O CROSLY MASTER ASSOCIATION  
2889 CROSLY DRIVE EAST  
WEST PALM BEACH FL 33415-84843. Date Incorporated or Qualified  
05/14/19713a. Date of Last Report  
02/08/19964. FEI Number  
59-2041355Applied For  
Not Applicable5. 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BORGES, REYNALDO  
CROSLY RECREATION CENTER  
2889 CROSLY DRIVE  
WEST PALM BEACH FL 33415

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME TOSIANO, ALPHONSE  
STREET ADDRESS 2935 E CROSLY DR W  
CITY - ST - ZIP WEST PALM BEACH FL1.1 TITLE P/D ☐ Change ☒ Addition  
1.2 NAME Arthur Dick  
1.3 STREET ADDRESS 2915-A Crosley Drive West  
1.4 CITY - ST - ZIP West Palm Beach FL 33415TITLE VD ☐ DELETE  
NAME LEWIS, EVELYN  
STREET ADDRESS 2935-K CROSLY DR W  
CITY - ST - ZIP W. PALM BEACH FL2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP 33415TITLE S ☐ DELETE  
NAME NOEL, ELVIRA  
STREET ADDRESS 2941-B CROSLY DR W  
CITY - ST - ZIP WEST PALM BEACH FL3.1 TITLE ~~ADD~~ T/D ☐ Change ☒ Addition  
3.2 NAME Clara Csazi  
3.3 STREET ADDRESS 2941-H Crosley Drive West  
3.4 CITY - ST - ZIP West Palm Beach FL 33415TITLE T ☒ DELETE  
NAME DICK, BERNADETTE  
STREET ADDRESS 2915-A CROSLY DRIVE W  
CITY - ST - ZIP WEST PALM BEACH FL4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Erma Sweeney  
4.3 STREET ADDRESS 2935-L Crosley Drive West  
4.4 CITY - ST - ZIP West Palm Beach FL 33415TITLE D ☒ DELETE  
NAME SHARKEY, THERESA  
STREET ADDRESS 2931-D CROSLY DR W  
CITY - ST - ZIP W PALM BCH FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE D ☐ DELETE  
NAME LICHTER, LEO  
STREET ADDRESS 2941-C CROSLY DR W  
CITY - ST - ZIP WEST PALM BEACH FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041281

Elvira Noel

1/14/97

561-965-7727

CR2E037 (9/96)