FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	IVIEIVI # / 19/2	: (U)					
CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.							
Office	THE PARTY OF STATE	CIVILLAICINI, 1140.			I FOORE SERVI FIEND LEVER JOHN HORE FIRE FIRE	OLON BION NAME	NIBU BIGH INDI
D. ()) D1							
Principal Plac	e of Business	Mailing Address				#### #################################	OTATE GIBLI FAME
2885 ASHLEY		2885 ASHLEY DR., W			3. Date Incorporated or Qualifled		
W.PALM BCH.	FL 33415	W.PALM BCH. FL 33415			12/16/1966		
!					4. FEI Number	Δ.	oplied For
9 Difference	Name of Davidson	1 5 4 10			59-2641316	N	lot Applicable
	Place of Business REHIEY DR E	2a. Mailing Address 26 2511 ASHLEY	No E		5. Certificate of Status Desired		Additional
Suite, Apt.		Suite, Apt. #, etc.	OE E		C Clarico		Required
	1-1	27 H			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	May Be
City & Stat		City & State		-	7. Is this nonprofit corporation a homeown		
	PACM BCH, FL	28 WEST PALM (3CH, FL		☐ Yes	'⊠ No	511 .
¬ Zìp	Country	Zip	Country		8. This corporation owes or has paid the o	urrent year ir	tangible
24 334			10 U.S.A		Personal Property Tax due June 30.		∡ No
9. Name and Address of Current Registered Agent 10. Name and Address 81 Name						d Agent	
· · · · · · · · · · · · · · · · · ·							
WORDEN, LINDEN S. 2811 ASHLEY DR. E. VILLA H			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)		
W.PALM BCH. FL 33415							
	55.11.12.65716		84 80				
			84 City		F	L I I '	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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							its registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE		<u> </u>					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ות מוחברידהו	70 IN 40
TITLE	ST CANCERS AND	DELETE	1,1 TITLE	1	ADDITIONS/CHANGES TO OFFICERS AN	□ Change	AS IN 12
NAME	WORDEN, LINDEN S.		1.2 NAME			LI CHONGO	
STREET ADDRESS	2811 ASHLEY DR E H		1.3 STREET ADDRESS				
CITY-ST-ZIP	W PALM BCH, FL 00000		1.4 CITY-ST-ZIP				
TITLE	P	☐ DELETE	2.1 TITLE	VP		Change	Addition
NAME	GORMLY		2.2 NAME		W GORMLY ""		
STREET ADDRESS	2846 ASHLEY DRIVE E "E"		2.3 STREET ADDRESS	284	H ACHUEY DE E		
CITY-ST-ZIP	WEST PALM BEACH FL	,	2. 4 CITY-ST-ZIP		ST PALM BCH FL 334LS		
TITLE	VP	☐ DELETE	3.1 TITLE	P	_	Change	Addition
NAME	COLUCCI, SANTO		3.2 NAME	60L	UCCI, SANTO		
STREET ADDRESS	2846 ASHLETY DRIVE W "F"		3.3 STREET ADDRESS	380		-	
CITY-ST-ZIP TITLE	WEST PALM BEACH FL D	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		ST PALM BOH, FL BOYIS	Change	Addition
NAME	CORNELL, LORRAINE	[] ULLETE	4.1 MEE	D	STICK LAW LAND	E Change	[] ADDRION
STREET ADDRESS	2751 ASHLEY DRIVE E "D"		4.3 STREET ADDRESS	270	edick, william ""		ļ
CITY-ST-ZIP	W. PALM BCH FL		4.4 CITY-ST-ZIP	₩	ST PACM BCH, Fx. 33415		i
TITLE	D	DELETE	5.1 TITLE	D	31 1 400 Juny 1 20 20 113	Change	1≥≤ Addition
NAME	HANSEN, ANTON	_	5.2 NAME	1 '	TEIN FLANS		
STREET ADDRESS	2796 ASHLEY DR. W.		5.3 STREET ADDRESS	27	itein, eladys fi ashley de e "f"		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	WES	ST PALM BCH, IL 33415		
TITLE	D	DELETE	6.1 TITLE	D		Change	Addition
NAME	BURDICK, WILLIAM		6.2 NAME	SCH	AAFT, FRED		
STREET ADDRESS	2781 ASHLEY DRIVE W "C"		6.3 STREET ADDRESS	284	6 ASHLEY DR E J"		
CITY-ST-7IP	WEST PALM REACH FL		CACITY OF 710	SAC C	- PAIN BOU ET 23US		1

14. 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 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:

561-433-2322

FILED

Feb 04 1998 8:00am

Secretary of State