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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711972

1. Corporation Name

CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.

Principal Place of Business

2811 ASHLEY DR E
H
WEST PALM BEACH FL 33415
US

Mailing Address

2811 ASHLEY DR E
H
WEST PALM BEACH FL 33415
US



2. Principal Place of Business

21 **2885 ASHLEY DR E**

Suite, Apt. #, etc.

22 City & State
W PALM BCH FL

23 Zip **33415** Country **US**

2a. Mailing Address

26 **2885 ASHLEY DR E**

Suite, Apt. #, etc.

27 City & State
W PALM BEACH FL

28 Zip **33415** Country **US**

3. Date Incorporated or Qualified

12/16/1966

4. FEI Number

59-2641316

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

9. Name and Address of Current Registered Agent

WORDEN, LINDEN S.
2811 ASHLEY DR. E. VILLA H
W.PALM BCH. FL 33415

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **LINDEN S. WORDEN TREAS. Linden S. Worden**

1-8-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **ST** ☒ DELETE
NAME **WORDEN, LINDEN S.**
STREET ADDRESS **2811 ASHLEY DR E H**
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **VP** ☒ DELETE
NAME **GORMLY, JOHN**
STREET ADDRESS **2846 ASHLEY DRIVE E "E"**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **P** ☐ DELETE
NAME **COLOCCI, SANTO**
STREET ADDRESS **2846 ASHLEY DRIVE W "F"**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☒ DELETE
NAME **CORNELL, LORRAINE**
STREET ADDRESS **2751 ASHLEY DRIVE E "D"**
CITY-ST-ZIP **W. PALM BCH FL 33415**

TITLE **D** ☒ DELETE
NAME **HANSEN, ANTON**
STREET ADDRESS **2796 ASHLEY DR. W.**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☒ DELETE
NAME **BURDICK, WILLIAM**
STREET ADDRESS **2781 ASHLEY DRIVE W "C"**
CITY-ST-ZIP **WEST PALM BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

T ☒ Change ☐ Addition
WORDEN, LINDEN S
2811 ASHLEY DR EAST APT "H"
W PALM BCH FL 33415

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S ☒ Change ☐ Addition
GORMLY, JOHN
2846 ASHLEY DR "E"
W PALM BCH FL 33415-8233

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

RALL, ERIC ☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
RALL, ERIC
2796 ASHLEY DR W "A"
W PALM BCH FL 33415

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
MADORE, PAUL
2846 ASHLEY DR 2 "B"
W PALM BCH FL 33415

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP ☒ Change ☐ Addition
BURDICK, WILLIAM
2800 ASHLEY DR 2 "A"
W PALM BCH 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JOHN GORMLY, Sec. 1-8-99 561 642 778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #