FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 720944**

1. Corporation Name

CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.

Fillicipal Flace of business
C/O CROSLEY MASTER ASSOCIATION
2889 CROSLEY DRIVE EAST
WEST PALM BEACH FL 33415-8418

Mailing Address

C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418



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2. Principal Pl	Place of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 05/14/1971			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	olied For	
9	27				59-2041355	Not	Applicable_	
City & State City & State						\$8.75 A	dditional	
23 28					5. Certificate of Status Desired Fee Required			
Zip	Country	Zip Cou			6. Election Campaign Financing Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent			30		10. Name and Address of New Registered			
	3. Name and Address of Current	ushistelen vilant	81	Name	The state of the s		·	
BORGES, REYNALDO				82 Street Address (P.O. Box Number is Not Acceptable)				
CROSLEY RECREATION CENTER				83				
	SLEY DRIVE		"	00				
WEST PAL	M BEACH FL 33415		84	City	FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statute	s, the above	-named corp	poration submits this statement for the purpose of	changing its	registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was au	ithorized by	the corporation	on's board of directors. I hereby accept the appoir	ntment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent a	APTE:	Hosistand Asse	t vicenture require	od when reinstating) DATE			
12.	OFFICERS AND	····	13.	, significano redona	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	. 🔲 Addition	
NAME	SMITH, ANTHONY		1.2 NAME					
				ADDRESS				
STREET ADDRESS	2945-Q CROSLEY DR WEST							
C/TY-ST-Z/P	WEST PALM BEACH FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	(-ZP		Change	Addition	
TITLE	D	C OCCCIE						
NAME.	LEWIS, EVELYN		2.2 NAME					
STREET ADDRESS	2935-K CROSLEY DR W		2.3 STREE		والمنافع المنافع المنا			
CITY-ST-ZIP	W. PALM BEACH FL		2. 4 CITY-5	T-ZIP		☐ Change	Addition	
TITLE	TD	☐ DELETE	3.1 TITLE			☐ Change	L Addition	
NAME	CSAZI, CLARA		3.2 NAME				İ	
STREET ADDRESS	2941-H CROSLEY DR WEST		3.3 STREE	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-5	T-ZIP				
TITLE	VPD	☐ DELETE	4.1 TITLE	1		Change	☐ Addition	
NAME	VANCE, RITA		4. 2 NAME					
STREET ADORESS	2901-J CROSLEY DR WEST		4.3 STREE	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-S	T-ZIP				
TITLE	SD	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	NOEL, ELVIRA		5.2 NAME			· -		
STREET ADORESS	2941-C CROSLEY DR W		5.3 STREE	ADDRESS	•			
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-S	T-ZIP	·			
TITLE	D D	☐ DELETE	6.1 TITLE			Change	Addition	
NAME	TOSIANO, ALPHONSE		6.2 NAME					
STREET ADDRESS	2935-E CROSLEY DR WEST		6.3 STREE	TADORESS			ł	
-	WEST PALM BEACH FL		6.4 CITY-S	T-ZIP	•			
CITY-ST-ZIP	edify that the information supplied with	this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I further cert	tify that the in	formation	

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.