

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720944

1. Entity Name

CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90171 035 ****61.25

Principal Place of Business

Mailing Address

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

C/O CROSLY MASTER ASSOCIATION
2889 CROSLY DRIVE EAST
WEST PALM BEACH FL 33415-8484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2041355

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SMITH, ANTHONY
STREET ADDRESS 2945-Q CROSLY DR WEST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VPD ☒ Change ☐ Addition
NAME Anthony Smith
STREET ADDRESS 2945-A Crosley Dr. W.
CITY-ST-ZIP West Palm Beach, FL. 33415

TITLE D ☐ Delete
NAME LEWIS, EVELYN
STREET ADDRESS 2935-K CROSLY DR W
CITY-ST-ZIP W. PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME CSAZI, CLARA
STREET ADDRESS 2941-H CROSLY DR WEST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME VANCE, RITA
STREET ADDRESS 2901-J CROSLY DR WEST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☒ Change ☐ Addition
NAME Rita Vance
STREET ADDRESS 2901-J Crosley Dr. W.
CITY-ST-ZIP West Palm Beach, FL. 33415

TITLE SD ☐ Delete
NAME NOEL, ELVIRA
STREET ADDRESS 2941-C CROSLY DR W
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME TOSIANO, ALPHONSE
STREET ADDRESS 2935-E CROSLY DR WEST
CITY-ST-ZIP WEST PALM BEACH FL

TITLE P ☐ Change ☒ Addition
NAME BoB HeLD
STREET ADDRESS 2901-N Crosley Dr. W.
CITY-ST-ZIP West Palm Beach, FL. 33415

12. 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)