

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711972

1. Entity Name

CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90036 008 ****61.25

Principal Place of Business

2885
2811 ASHLEY DR E
H
WEST PALM BEACH FL 33415
US

Mailing Address

2885
2811 ASHLEY DR E
H
WEST PALM BEACH FL 33415-8231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2641316

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

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

Name

GLADYS ERSTEIN

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

~~2781 ASHLEY DRIVE "F"~~

2885 ASHLEY DR

City

WEST PALM BEACH

FL

Zip Code

33415

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

Gladys Epstein

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/00

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

TITLE	T	<input type="checkbox"/> Delete
NAME	WORDEN, LINDEN S.	
STREET ADDRESS	2811 ASHLEY DR E H	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORMLY, JOHN	
STREET ADDRESS	2846 ASHLEY DRIVE E "E"	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	P	<input type="checkbox"/> Delete
NAME	COLOCCI, SANTO	
STREET ADDRESS	2846 ASHLEY DRIVE W "F"	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	RALL, ERIC	
STREET ADDRESS	2796 ASHLEY DR W, "A"	
CITY-ST-ZIP	W. PALM BCH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADORE, PAUL	
STREET ADDRESS	2846 ASHLEY DRW, "B"	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURDICK, WILLIAM	
STREET ADDRESS	2800 ASHLEY DR W, "B"	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUE, JANICE	
STREET ADDRESS	2796 ASHLEY DR. "J"	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUE, JANICE	
STREET ADDRESS	2796 ASHLEY DRIVE "J"	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, GLADYS	
STREET ADDRESS	2781 ASHLEY DRIVE "F"	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, JOAN	
STREET ADDRESS	2796 ASHLEY DRIVE "H"	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAAFF, FRED	
STREET ADDRESS	2846 ashley drive "J"	
CITY-ST-ZIP	west palm beach, fl. 33415	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMMICK, PAT	
STREET ADDRESS	2796 ASHLEY DRIVE "F"	
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: *Gladys Epstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

CR2E037 (9/99)