2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2006 8:00 am **DOCUMENT # 720944 Secretary of State** 1. Entity Name 02-13-2006 90023 041 ****61.25 CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC. Principal Place of Business Mailing Address C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418 C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For City & State 59-2041355 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORGES, REYNALDO Street Address (P.O. Box Number is Not Acceptable) CROSLEY RECREATION CENTER 2889 CROSLEY DRIVE WEST PALM BEACH FL 33415 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. I am familiar with, and accept the obligations of registered agent 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 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Defete TITLE Change TITLE Addition SMITH, ANTHONY NAME NAME STREET ADDRESS 2945-A CROSLEY DR WEST STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ELVIRA NOEL LEWIS, EVELYN NAME 2941-B CROSLET OR WEST STREET ADDRESS 2945-A CROSLEY OR WEST STREET ADDRESS WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-7IP TD TITLE TITLE **X**Delete BERNADETTE DICK 2915-A CROSLEY DR WEST WEST PALM BEACH FL 33415 JOHNSON, SANDY NAME NAME STREET ADDRESS 2915-F CROSLEY DR WEST STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 💢 Change Addition VANCE, RITA 2901-J CROSLEY DR. WEST NAME VANCE, RITA NAME STREET ADDRESS 2901-J CROSLEY DR WEST STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP WEST PALM BEACH FL TITLE ☐ Delete TIT! F Change ☐ Addition POYNER, JEAN NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE Showa / loe

2895-H CROSLEY DR W

LAVIGNE, CHERYL

WEST PALM BEACH FL 33415

2895-N CROSLEY DR WEST

WEST PALM BEACH FL 33415

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SD

TITLE

NAME

ELVIRA NOEL

01/3066 561)642-2503

☐ Change

Addition

FILED