

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90409 029 ****61.25

DOCUMENT # 711972 1. Entity Name CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.					
Principal Place of Business 2885 ASHLEY DR E H WEST PALM BEACH, FL 33415 US			Mailing Address 2885 ASHLEY DR E H WEST PALM BEACH, FL 33415 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2641316 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02062006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent GLADYS, EPSTEIN 2781 ASHLEY DR WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name MARIANNE S. BEATSON Street Address (P.O. Box Number is Not Acceptable) 2811 EAST ASHLEY DR. UNIT E 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Marianne S. Beatson, Secretary-Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/17/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLUCCI, SANTO 2846 ASHLEY DR W APT F WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID H. BEATSON - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2811 EAST ASHLEY DR, APT E WEST PALM BEACH, FL 33415		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHULTZ, PATIRICIA 2817 ASHLEY DR W APT F WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY-TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARIANNE S. BEATSON 2811 EAST ASHLEY DR, APT E WEST PALM BEACH, FL 33415		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELONG, MARCY 2830 ASHLEY DR E APT D WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANTO COLUCCI 2846 ASHLEY DR W, APT F WEST PALM BEACH, FL 33415		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOODHALL, GLADYS 2781 ASHLEY DR E APT E W. PALM BCH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL MADORE 2846 ASHLEY DR E, UNIT B WEST PALM BEACH, FL 33415		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, ROSIE 87 CUMBERLAND CIRCLE LYNN, MA 01904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHIRLEY MILLER 2817 ASHLEY DR E, UNIT J WEST PALM BEACH, FL 33415		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMLY, MARY 2846 ASHLEY DR., EAST E WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINDEN WORDEN 2811 ASHLEY DR E, UNIT H WEST PALM BEACH, FL 33415		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: MARIANNE S. BEATSON , <i>Marianne S. Beatson, Secretary-Treasurer</i> 4/17/06 439-7025 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					