


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90033 001 \*\*\*\*61.25

<b>DOCUMENT # 720944</b> 1. Entity Name <b>CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.</b>	
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Principal Place of Business <b>C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST WEST PALM BEACH FL 33415-8418</b>	Mailing Address <b>C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST WEST PALM BEACH FL 33415-8418</b>
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1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2041355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BORGES, REYNALDO CROSLY RECREATION CENTER 2889 CROSLY DRIVE WEST PALM BEACH FL 33415</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
D SMITH, ANTHONY 2945-A CROSLY DR WEST WEST PALM BEACH FL 33415	
VD NOEL, ELVIRA 2941 B CROSLY DR W WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
D DICK, BERNADETTE 2915 A CROSLY DR W WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete
D VANCE, RITA 2901-J CROSLY DR WEST WEST PALM BEACH FL	<input type="checkbox"/> Delete
PD POYNER, JEAN 2895-H CROSLY DR W WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
SD LAVIGNE, CHERYL 2895-N CROSLY DR WEST WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NOEL ELVIRA 2941 CROSLY DR WEST APT B WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD EILEEN BROWN 2941 CROSLY DR WEST APT H WEST PALM BEACH FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD VANCE RITA 2901 CROSLY DR WEST APT-J WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD BOB BROWN 2941 CROSLY DRIVE WEST APT H WEST PALM BEACH FL 33415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: Joan Poyner President 1-19-07 968-8979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #