


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90015 016 \*\*\*\*61.25

<b>DOCUMENT # 711972</b>	
1. Entity Name <b>CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.</b>	

Principal Place of Business <b>2885 ASHLEY DR E H WEST PALM BEACH, FL 33415 US</b>	Mailing Address <b>2885 ASHLEY DR E H WEST PALM BEACH, FL 33415 US</b>
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40033830



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

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2641316**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>BEATSON, MARIANNE S 2811 E ASHLEY DR UNIT E WEST PALM BEACH, FL 33415</b>	

7. Name and Address of New Registered Agent	
Name <b>LINDEN S. WORDEN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2811 EAST ASHLEY DR - APT H</b>	
City <b>WEST PALM BEACH</b>	Zip Code <b>FL 33415</b>

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 **LINDEN S. WORDEN**

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

*Linden S. Worden*

(NOTE: Registered Agent signature required when reinstating)

01/15/08

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLUCCI, SANTO 2846 ASHLEY DR WAPT F WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEATSON, MARIANNE 2811 E ASHLEY DR UNIT E WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIMMICK, PAUL 2796 ASHLEY DR. E, UNIT F WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, JOSEPHINE 2846 ASHLEY DR WEST, UNIT F WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SHIRLEY 2817 ASHLEY DR E UNIT J WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORDEN, LINDEN 2811 ASHLEY DR E UNIT H 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	P LINDEN S. WORDEN 2811 EAST ASHLEY DR - APT 4 WEST PALM BCH, FL-33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMMICK, PAUL 2796 ASHLEY DR EAST APT F WEST PALM BCH, FL-33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORNELL, LORRAINE 2751 D ASHLEY DR-E - APT D WEST PALM BCH, FL-33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, SHIRLEY 2817 ASHLEY DR-E, APT J WEST PALM BCH, FL 33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, JOSEPHINE 2846 ASHLEY DR W - APT F WEST PALM BCH, FL-33415 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTERFIELD, JANICE 2771 ASHLEY DR E - APT F WEST PALM BCH, FL-33415 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linden S. Worden*

01/15/08

561-433-2322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #