2008 NOT-FOR-PROFIT CORPORATION

FILED Feb 27, 2008 8:00 am

		REPURI			. Sec	cretary	y of Stat	æ
DOCUMENT # 711972 1. Entity Name CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.						•	15 016 ****61.25	
Principal Place of Business 2885 ASHLEY DR E H		Mailing Address 2885 ASHLEY DR E H			400338	770		
	BEACH, FL 33415 US	WEST PALM BEACH, FL	33415 U	S	 			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008 C	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number			
Zip	Country	Zip	Country		5. Certificate of S	Status Desired	See Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New Re	gistered Agent	
BEATSON, MARIANNE S 2811 E ASHLEY DR			Nan	4140	PAEM S. WOLDEW ess (P.O. Box Number is Not Acceptable)			
UNIT E	LM BEACH, FL 33415		9,	8 (E vi	ST ASHLE	1 DE-	ANTH	
···				EST P	ALM BE A	٠	FL Zp Cod	415
City WEST PALM BEACH FL Zip Code 33 415 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.								
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SIGNATURE LINDEN S. WOEDEN Landen S. Clarden 01/15/08								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		(: Registered Agent I	ngnature required	d when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financi		\$5.00 May Be Added to Fees		ake check payable t da Department of S	
10.	Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financi contribution.	ng 🗆	\$5.00 May Be Added to Fees	Flori	da Department of S	tate
10. Time		9. Election Can Trust Fund C	npaign Financi contribution.	ng 🗆	\$5.00 May Be Added to Fees	Flori	da Department of S	tate
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12. I hereby certify that the information supplied with this filling does not quality 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.