

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711972

Entity Name: CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.**Current Principal Place of Business:**2885 ASHLEY DR E
WEST PALM BEACH, FL 33415**Current Mailing Address:**2885 ASHLEY DR E
WEST PALM BEACH, FL 33415 US**FEI Number:** 59-2641316**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORTES, DONNA
2885 ASHLEY DR E
WEST PALM BEACH, FL 33415 US*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.***SIGNATURE:** DONNA CORTES

01/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HANNA, NERMINE
Address 2846 ASHLEY DR W
APT. D
City-State-Zip: WEST PALM BEACH FL 33415

Title PRESIDENT
Name WARD, MARK
Address 2811 ASHLEY DR E
APT. E
City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR
Name GIANCOLA, FRANK
Address 2846 ASHLEY DR W
APT. C
City-State-Zip: WEST PALM BEACH FL 33415

Title VP
Name COONEY, JEAN
Address 2800 ASHLEY DR. E
APT D
City-State-Zip: WEST PALM BEACH FL 33415

Title T
Name CORTES, DONNA
Address 9433 PALOMINO DR
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name MAY, ROBERT
Address 2830 ASHLEY DR W
APT. D
City-State-Zip: WEST PALM BEACH FL 33415

Title SECRETARY
Name LEE, NANCY
Address 2817 ASHLEY DR. E.
APT H
City-State-Zip: WEST PALM BEACH FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONNA CORTES**TREASURER**

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date