

2016 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:**KENNEDY, JOSEPHINE E
2846 ASHLEY DRIVE WEST #J
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:** JOSEPHINE KENNEDY

01/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name KENNEDY, JOSEPHINE E
Address 2846 ASHLEY DRIVE WEST APT J
City-State-Zip: WEST PALM BEACH FL 33415

Title T
Name DELONG, MARY
Address 2830 ASHLEY DRIVE WEST #D
City-State-Zip: WEST PALM BEACH FL 33415

Title D
Name ZEHRING, MARY
Address 2817 ASHLEY DRIVE, APT B
City-State-Zip: WEST PALM BEACH FL 33415

Title VP
Name DELONG, MARY
Address 2830 ASHLEY DRIVE W
APT D
City-State-Zip: WEST PALM BEACH FL 33415

Title D
Name ARIAS, BLANCA
Address 2830 ASHLEY DRIVE, APT B
City-State-Zip: WEST PALM BEACH FL 33415

Title SECRETARY
Name HARRISON, BARBARA
Address 2796 ASHLEY DR WEST #E
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: MARY DELONG

VP

01/28/2016

Electronic Signature of Signing Officer/Director Detail

Date