2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 02, 2018
Secretary of State
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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:

COLUCCI, SANTO
2846 ASHLEY DR W
APT. F
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: SANTO COLUCCI 01/02/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P	Title	VP
Name	COLUCCI, SANTO	Name	LEE, NANCY
Address	2846 ASHLEY DR W APT. F	Address	2817 ASHLEY DR W APT. H
City-State-Zip:	WEST PALM BEACH FL 33415	City-State-Zip:	WEST PALM BEACH FL 33415
Title	T	Title	D
Name	HANNA, NERMINE	Name	WORDEN, LINDEN
Address	2846 ASHLEY DR W APT. D	Address	2811 ASHLEY DR E APT. H
City-State-Zip:	WEST PALM BEACH FL 33415	City-State-Zip:	WEST PALM BEACH FL 33415
Title	D	Title	SECRETARY
Name	CATALDO, GEORGE	Name	HANNA, NERMINE
Address	2846 ASHLEY DR W APT. I	Address	2846 ASHLEY DR W APT. D
City-State-Zip:	WEST PALM BEACH FL 33415	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: SANTO COLUCCI PRESIDENT 01/02/2018

Electronic Signature of Signing Officer/Director Detail — Date