#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 720944** 

Entity Name: CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.

**FILED** Feb 03, 2015 **Secretary of State** CC6215082840

## **Current Principal Place of Business:**

CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH, FL 33415-8418

## **Current Mailing Address:**

C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH, FL 33415-8418

FEI Number: 59-2041355 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

MATTERA, ANTHONY **CROSLEY RECREATION CENTER** 2889 CROSLEY DRIVE 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title

LAVIGNE, CHERYL Name Name BROWN, ROBERT

2985 CROSLEY DR W 2921 CROSLEY DR. W. APT H Address Address

APT N

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR Title Р

Name SMITH, JOSEPHINE Name POYNER, JEAN

2945 CROSLEY DRIVE W Address Address 2895 CROSLEY DR W APT H

APT A

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415

Title **DIRECTOR** Title DIRECTOR Name VANCE, RITA VANHOUTEN, ROBERT Name

Address 2901 CROSLEY DRIVE WEST

2915 CROSLEY DRIVE WEST Address APT J

APT G

WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip:

Title DIRECTOR Title SECRETARY

LAVOIE, CARMEN Name Name THERRIEN, RAYMOND

2945 CROSLEY DRIVE WEST Address 2945 CROSLEY DRIVE WEST Address

APT J APT E

WPB FL 33415 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33415

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SIGNATURE: JEAN POYNER **PRESIDENT** 02/03/2015

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.

# Officer/Director Detail Continued:

Title

DUNLOP, CHERYL Name

2941 CROSLEY DRIVE WEST APT F Address

City-State-Zip: WPB FL 33415

Т Title

Name DUNLOP, CHERYL

Address 2941 CROSLEY DRIVE WEST

APT F

City-State-Zip: WPB FL 33415

Title SECRETARY

Name LAVOIE, CARMEN

Address 2945 CROSLEY DRIVE WEST

APT J

City-State-Zip: WPB FL 33415