

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720944

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

**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 D  
Name LAVIGNE, CHERYL  
Address 2985 CROSLEY DR W  
APT N  
City-State-Zip: WEST PALM BEACH FL 33415

Title P  
Name POYNER, JEAN  
Address 2895 CROSLEY DR W APT H  
City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR  
Name VANCE, RITA  
Address 2901 CROSLEY DRIVE WEST  
APT J  
City-State-Zip: WEST PALM BEACH FL 33415

Title VP  
Name BROWN, ROBERT  
Address 2921 CROSLEY DR. W. APT H  
City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR  
Name SMITH, JOSEPHINE  
Address 2945 CROSLEY DRIVE W  
APT A  
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:** JEAN POYNER

**PRESIDENT**

**02/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date