

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726912

Entity Name: CRESTHAVEN VILLAS NO. 30 CONDOMINIUM, INC.**Current Principal Place of Business:**2530 EMORY DR EAST
MANAGEMENT OFFICE
WEST PALM BEACH, FL 33415**Current Mailing Address:**2530 EMORY DR EAST
MANAGEMENT OFFICE
WEST PALM BEACH, FL 33415 US**FEI Number:** 59-1633280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF
1 E BROWARD BLVD
STE 1800
FORT LAUDERDALE, FL 33301 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:** MARTHA PLATTS

03/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name BOSHACK, MIKE
Address 2530 EMORY DR EAST
MANAGEMENT OFFICE
City-State-Zip: WEST PALM BEACH FL 33415

Title VP
Name CEASER, PHYLLIS
Address 2530 EMORY DR EAST
MANAGEMENT OFFICE
City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR
Name LACASSE, LUCY
Address 2530 EMORY DR EAST
MANAGEMENT OFFICE
City-State-Zip: WEST PALM BEACH FL 33415

Title TREASURER, SECRETARY
Name IACONE, MARY
Address 2530 EMORY DR EAST
MANAGEMENT OFFICE
City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR
Name CAMIRE, CAROL
Address 2530 EMORY DR EAST
MANAGEMENT OFFICE
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: MIKE BOSHACK

PRESIDENT

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date