

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N18307

**Entity Name:** CRESTHAVEN-ASHLEY MASTER ASSOCIATION, 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

**FEI Number:** 59-2769277

**Certificate of Status Desired:** No

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

STOLOFF, SCOTT A ESQ.  
1818 SOUTH AUSTRALIAN AVE  
SUITE 400  
WEST PALM BEACH, FL 33409 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:** SCOTT A. STOLOFF

04/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OESCH, SALLY  
Address        2885 ASHLEY DRIVE EAST  
City-State-Zip: WEST PALM BEACH FL 33415

Title            SECRETARY  
Name            DENIS, CHERYL  
Address        2885 ASHLEY DRIVE EAST  
City-State-Zip: WEST PALM BEACH FL 33415

Title            TREASURER  
Name            SCHELHORN, ROB  
Address        2885 ASHLEY DRIVE EAST  
City-State-Zip: WEST PALM BEACH FL 33415

Title            DIRECTOR  
Name            WARD, MARK  
Address        2885 ASHLEY DRIVE EAST  
City-State-Zip: WEST PALM BEACH FL 33415

Title            DIRECTOR  
Name            HUBACEK, LINDA  
Address        2885 ASHLEY DRIVE EAST  
City-State-Zip: WEST PALM BEACH FL 33415

Title            DIRECTOR  
Name            BRISTOW, OWEN  
Address        2885 ASHLEY DRIVE EAST  
City-State-Zip: WEST PALM BEACH FL 33415

Title            DIRECTOR  
Name            REIS, DAVID  
Address        2885 ASHLEY DRIVE EAST  
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:** SALLY OESCH

PRESIDENT

04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date