2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18307

Entity Name: CRESTHAVEN-ASHLEY MASTER ASSOCIATION, INC.

FILED
Jan 20, 2016
Secretary of State
CC1678829552

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:

WYANT-CORTEZ & CORTEZ CHARTERED PA 840 US HIGHWAY ONE SUITE 345 NORTH PALM BEACH, FL 33408-3834 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: CLAIRE WYANT CORTEZ 01/20/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PD Title VD

Name ROTH, NANCY Name HOUT, APRIL

Address C/O GRS MGMT ASSOCIATES INC Address C/O GRS MGMT ASSOCIATES INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title TD Title SD

Name SEHNAL, MARY-MONICA Name KENNEDY, JOSEPHINE E

Address C/O GRS MGMT ASSOCIATES INC Address C/O GRS MGMT ASSOCIATES INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title D Title D

Name LEXA, BARBARA Name HOUT, JACK

Address C/O GRS MGMT ASSOCIATES INC Address C/O GRS MGMT ASSOCIATES INC

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title D

Name GAGNON, SERGE

Address C/O GRS MGMT ASSOCIATES INC

3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463

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: NANCY ROTH PRESIDENT 01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date