2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N18307

Entity Name: CRESTHAVEN-ASHLEY MASTER ASSOCIATION, INC.

FILED
May 06, 2015
Secretary of State
CC8236768626

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 860 US HIGHWAY ONE SUITE 108 NORTH PALM BEACH, FL 33408 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 05/06/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PD Title VD

Name ROTH, NANCY Name JONES, DAVID

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 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 HOUT, APRIL 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 PD 05/06/2015