## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT #711972** 01-18-2007 90099 023 \*\*\*\*61.25 CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC. Principal Place of Business Mailing Address 2885 ASHLEY DR E 2885 ASHLEY DR E WEST PALM BEACH, FL 33415 US WEST PALM BEACH, FL 33415 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chq-NP CR2E037 (12/06) 4. FEI Number 59-2641316 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEATSON, MARIANNE S Street Address (P.O. Box Number is Not Acceptable) 2811 E ASHLEY DR UNITE WEST PALM BEACH, FL 33415 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2007 Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change COLUCCI, SANTO Beatson, Marianne NAME 2846 ASHLEY DR WAPT F 2811 E AGNIEUD TUNIT WEST FALMIDE ACH, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY ST. 7IP TITLE TITLE Delete \_\_\_ Change F Addition SHULTZ, PATIRICIA NAME NAME DIMMICH PAUL 2796 ASHIEY Dr. E, UNIT F STREET ADDRESS 2817 ASHLEY DR WAPT F STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP West PAIM BEACH, FL 33415 D TITLE Delete TLT1 E Change Addition MENNEDY TOSEPHINE 2846 ASKIEY Dr. West, UNITJ NAME COLUCCI, SANTO NAME STREET ADDRESS 2846 ASHLEY DR WAPT F STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP WEST PALM BEACH, FL 33 Y/S TITLE Delete TITLE ■ Addition MADORE, PAUL MARKE 2846 ASHLEY DR E UNIT B STREET ADDRESS STREET ADORESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition MILLER, SHIRLEY NAME NAME STREET ADDRESS 2817 ASHLEY DR E UNIT J STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WORDEN, LINDEN NAME NAME 2811 ASHLEY DR E UNIT H STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Jan 18, 2007 8:00 am