2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90015 016 ****61.25

DOCUMENT # 711972

1. Entity Name
CRESTHAVEN VILLAS NO. 2 CONDOMINIUM, INC.

40033855

Principal Place of Business	Mailing Address
2885 ASHLEY DR E H WEST PALM BEACH, FL 33415 US	2885 ASHLEY DR E H WEST PALM BEACH, FL 33415 US

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2641316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEATSON, MARIANNE S
2811 E ASHLEY DR
UNIT E
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name LINDEN S. WORDEN
Street Address (P.O. Box Number is Not Acceptable) 2811 EAST ASHLEY DR- APT H
City WEST PALM BEACH **FL** Zip Code 33415

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 LINDEN S. WORDEN Linden S. Worden 01/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLUCCI, SANTO 2846 ASHLEY DR W APT F WEST PALM BEACH, FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDEN S. WORDEN 2811 EAST ASHLEY DR- APT H WEST PALM BCH, FL-33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BEATSON, MARIANNE 2811 E ASHLEY DR UNIT E WEST PALM BEACH, FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIMMICK, PAUL 2796 ASHLEY DR EAST APT F WEST PALM BCH, FL-33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DIMMICK, PAUL 2796 ASHLEY DR. E, UNIT F WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CORNELL, LORRAINE 2751 D ASHLEY DR-E - APT D WEST PALM BCH, FL- 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, JOSEPHINE 2846 ASHLEY DR WEST, UNIT F WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, SHIRLEY 2817 ASHLEY DR-E, APT J WEST PALM BCH, FL 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, SHIRLEY 2817 ASHLEY DR E UNIT J WEST PALM BEACH, FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENNEDY, JOSEPHINE 2846 ASHLEY DR W - APT F WEST PALM BCH, FL- 33415	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORDEN, LINDEN 2811 ASHLEY DR E UNIT H WEST PALM BEACH, FL 33415	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTERFIELD, JANICE 2771 ASHLEY DR E - APT F WES PALM BCH, FL- 33415	☐ Change ☐ Addition

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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linden S. Worden 01/15/08 561-433-2322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #