

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90025 028 ****61.25

DOCUMENT # 714155

1. Entity Name
CRESTHAVEN VILLAS NO. 6 CONDOMINIUM, INC.



Principal Place of Business
**2885 ASHLEY DRIVE, E.
W. PALM BCH. FL 33415**

Mailing Address
**2885 ASHLEY DRIVE, E.
W. PALM BCH. FL 33415**



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number
65-0309938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GRAY, MARY ANN
2961 ASHLEY DR W APT B
WEST PALM BEACH, FL 33415**

Mary Ann Gray

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

I, 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reappointing)

**FILE NOW: FEE IS \$61.25
Due By May-1, 2008**

Section 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	PRES GRAY, MARY ANN 2961 ASHLEY DR W #B WEST PALM BEACH FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FREE, ROSE 2977 ASHLEY DR., W #C WEST PALM BEACH, FL 33415 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. FREE, ROSE 2977 ASHLEY DRIVE W #C WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES EDWARD BAHR 2970 ASHLEY DR., E #D WEST PALM BEACH, FL 33415 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, DORIS 2965 ASHLEY DR W #A WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, DORIS 2965 ASHLEY DR., W #A WEST PALM BEACH, FL 33415 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES STEPHENS, GERALDINE MS 2965 ASHLEY DR., WEST #D WEST PALM BEACH FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MANN, PATRICIA A. 2965 ASHLEY DR., W #I WEST PALM BEACH, FL 33415 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARBBONEAU, MONICA 2960 ASHLEY DR E #D WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARBBONEAU, MONICA 2960 ASHLEY DR., E #D WEST PALM BEACH, FL 33415 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATWELL, GEORGE 2970 ASHLEY DR E #A WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATWELL, GEORGE 2970 ASHLEY DR., E #A WEST PALM BEACH, FL 33415 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia A. Mann* - PATRICIA A. MANN 2-20-08 561-641-6622