

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90033 041 ****61.25

DOCUMENT # 717987

1. Entity Name

CRESTHAVEN VILLAS NO. 15 CONDOMINIUM, INC.



Principal Place of Business

% CROSLY MASTER ASSOCIATION
2889 CROSLY DR. EAST
WEST PALM BEACH FL 33415-8418

Mailing Address

% CROSLY MASTER ASSOCIATION
2889 CROSLY DR. EAST
WEST PALM BEACH FL 33415-8418



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2362317

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORGES, REYNALDO
CROSLY RECREATION CENER
2889 CROSLY DRIVE
WEST PALM BEACH FL 33415

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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 constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	GARAVUSO, GLORIA	
STREET ADDRESS	2855-F CROSLY DR. EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHOQUETE, DONAT	
STREET ADDRESS	2805-A CROSLY DR EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLY, MARCELLA	
STREET ADDRESS	2855-G CROSLY DR. EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DUBOIS, SUSAN	
STREET ADDRESS	2845-J CROSLY DR. E.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	POUPARD, GUT	
STREET ADDRESS	2865-B CROSLY DR. EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIMAGE, CARI	
STREET ADDRESS	2885-A CROSLY DR. EAST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD GEORGE HURLEY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2825 CROSLY DR EAST APT H	
STREET ADDRESS	WEST PALM BEACH FL 33415	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Susan J. Dubois
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan J. Dubois 1/19/07
TREAS.

Date

Daytime Phone #

561-968-8320