

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90025 016 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 717987</b> 1. Entity Name <b>CRESTHAVEN VILLAS NO. 15 CONDOMINIUM, INC.</b>					
Principal Place of Business <b>% CROSLY MASTER ASSOCIATION 2889 CROSLY DR. EAST WEST PALM BEACH, FL 33415-8418</b>			Mailing Address <b>% CROSLY MASTER ASSOCIATION 2889 CROSLY DR. EAST WEST PALM BEACH, FL 33415-8418</b>		
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 <b>59-2362317</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BORGES, REYNALDO CROSLY RECREATION CENER 2889 CROSLY DRIVE WEST PALM BEACH, FL 33415</b>			Name <b>Beagan Brenner P.M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Crosley Recreation Center</b> <b>2889 Crosley Drive</b> City <b>West Palm Beach FL</b> Zip Code <b>33415</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>2/1/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GARAVUSO, GLORIA 2855-F CROSLY DR. EAST WEST PALM BEACH, FL 33415</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD George Hurley 2825 Crosley Drive East, Apt H WPB, FL 33415</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HURLEY, GEORGE 2825 CROSLY DR. E. APT. H WEST PALM BEACH, FL 33415</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Gloria Garavuso 2855 Crosley Drive East, Apt. F WPB, FL 33415</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLY, MARCELLA 2855-G CROSLY DR. EAST WEST PALM BEACH, FL 33415</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Karten Kartman 2865 Crosley Drive East, Apt. C WPB, FL 33415</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DUBOIS, SUSAN 2845-J CROSLY DR. E. WEST PALM BEACH, FL 33415</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Nita Stolfi 2855 Crosley Drive East, Apt. B WPB, FL 33415</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POUPARD, GUT 2865-B CROSLY DR. EAST WEST PALM BEACH, FL 33415</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Marcella Sly 2845 Crosley Drive East, Apt. C WPB, FL 33415</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LIMAGE, CARI 2885-A CROSLY DR. EAST WEST PALM BEACH, FL 33415</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Donat Choquette 2805 Crosley Drive East, Apt. A WPB, FL 33415</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/3/08</b> Daytime Phone # <b>8423</b>		

40055204



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