

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

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

02-01-2007 90034 026 \*\*\*\*61.25



**DOCUMENT # 718659**

1. Entity Name

CRESTHAVEN VILLAS NO. 16 CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

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

% CROSLY MASTER ASSOCIATION  
2889 CROSLY DRIVE 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.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2342648

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORGES, REYNALDO  
CROSLY RECREATION CENTER  
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 registering)

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	D	<input type="checkbox"/> Delete
NAME	MONTONE, MILLIE	
STREET ADDRESS	2852-A CROSLY DR. W.	
CITY ST ZIP	WEST PALM BEACH FL 33415	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAN MARCO, VIVIAN	
STREET ADDRESS	2802 -B CROSLY DRIVE WEST	
CITY ST ZIP	WEST PALM BEACH FL 33415	
TITLE	PD	<input type="checkbox"/> Delete
NAME	POMPINO, MICHAEL	
STREET ADDRESS	2882 D CROSLY DR W	
CITY ST ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	DROLET, MAURICE	
STREET ADDRESS	2882 H CROSLY DR W	
CITY ST ZIP	WEST PALM BEACH FL 33415	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PETRELUIS, CAROL	
STREET ADDRESS	2852-H CROSLY DR. WEST	
CITY ST ZIP	WEST PALM BEACH FL 33415	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DILLON, STELLA	
STREET ADDRESS	2802-C CROSLY DRIVE WEST	
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		<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		

**SD RUTH BROWN**  Change  Addition  
**2852 CROSLY DR EAST APTC**  
**WEST PALM BEACH FL 33415**

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: Michael Pompino MICHAEL POMPINO PRES 1-19-07 561-965-7144