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

FILED
Feb 01, 2007 8:00 am
Secretary of State
02-01-2007 90029 046 ****61.25

DOCUMENT # **719451**

1. Entity Name

CRESTHAVEN VILLAS NO 17 CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418	C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418

1st MOORE CR2E037 (10/06)

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 59-1985034 — Applied For ☐ Not Applicable ☐

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, RENALDO 2889 CROSLEY DRIVE EAST CROSLEY RECREATION CENTER 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 reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENRY GERN 2940-H CROSLEY DR. E. WEST PALM BEACH FL 33415 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D MARIO DENICOLAIS 2930 CROSLEY DR EAST APT. M WEST PALM BEACH FL 33415 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T BROWN, JEAN 2930-F CROUET DRIVE EAST WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	P RUSSELL, SARA L 2936-F CROSLEY DRIVE EAST WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D BRICE, ELIZABETH 2940-I CROSLEY DR EAST WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S FETCHIK, HELEN J 2940-J CROSLEY DR. E. WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRICOE, WINIFRED 2936-B CROSLEY DR EAST WEST PALM BEACH FL 33415 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	☐ 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: Sara Lee Russell Sara Lee Russell Pres 1/29/07 561 968 3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #