

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719730** (4)
1. Corporation Name
CRESTHAVEN VILLAS NO. 18 CONDOMINIUM, INC.



Principal Place of Business Mailing Address
C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST W PALM BCH FL 33415-8418

3. Date Incorporated or Qualified **11/23/1970** 3a. Date of Last Report **02/01/1995**
4. FEI Number **59-2239829** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. 22 27
City & State 23 28
Zip 24 Country 25 29 Country 30

9. Name and Address of Current Registered Agent
**BORGES, REYNALDO
CROSLY RECREATION CENTER
2889 CROSLY DRIVE EAST
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

PAID
CHECK # 071184
AMOUNT 61.25
DATE 1/26/96

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was approved by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REX, COLLEENE P.	1.2 NAME	DAVENPORT, AGNES
STREET ADDRESS	2076 H CROSLY DR. E	1.3 STREET ADDRESS	2980 - C CROSLY DR EAST
CITY - ST - ZIP	W PALM BCH FL	1.4 CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAFFRAM, BETTY	2.2 NAME	WERTZ, SOPHIE
STREET ADDRESS	2950-F CROSLY DR E	2.3 STREET ADDRESS	2996-J CROSLY DREAST
CITY - ST - ZIP	W PALM BCH FL	2.4 CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, RHODA	3.2 NAME	D KEITH, BETTY
STREET ADDRESS	2956-B CROSLY DR. E	3.3 STREET ADDRESS	2980-J CROSLY DR EAST
CITY - ST - ZIP	W PALM BCH FL	3.4 CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERTZ, SOPHIE	4.2 NAME	VIS, WILLIAM
STREET ADDRESS	2976-J CROSLY DR-E	4.3 STREET ADDRESS	2980-A CROSLY DR EAST
CITY - ST - ZIP	W PALM BCH FL	4.4 CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLEETH, EMILY	5.2 NAME	D FORD, GLADYS
STREET ADDRESS	2966-A CROSLY DR. E	5.3 STREET ADDRESS	2960-D CROSLY DR EAST
CITY - ST - ZIP	W PALM BCH FL	5.4 CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTOR, CRYSTAL	6.2 NAME	D REX, COLLEENE (PAT)
STREET ADDRESS	2980-G CROSLY DR. E	6.3 STREET ADDRESS	2896-H CROSLY DR EAST
CITY - ST - ZIP	W PALM BCH FL	6.4 CITY - ST - ZIP	WEST PALM BEACH FL 33415

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sophie Wertz 2/5/96 407-965-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
SOPHIE WERTZ

CR2E037 (12/95)