

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST W PALM BCH FL 33415-8484

3. Date Incorporated or Qualified 11/23/1970
3a. Date of Last Report 02/08/1996

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

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

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

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 authorized 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE VP
NAME DAVENPORT, AGNES
STREET ADDRESS 2980-C CROSLY DR E
CITY-ST-ZIP W PALM BCH FL
TITLE P
NAME WERTZ, SOPHIE
STREET ADDRESS 2976-J CROSLY DR E
CITY-ST-ZIP W PALM BCH FL
TITLE D
NAME STEIN, RHODA
STREET ADDRESS 2956-B CROSLY DR. E
CITY-ST-ZIP W PALM BCH FL
TITLE T
NAME VIS, WILLIAM
STREET ADDRESS 2980-A CROSLY DR E
CITY-ST-ZIP W PALM BCH FL
TITLE D
NAME SLEETH, EMILY
STREET ADDRESS 2966-A CROSLY DR. E
CITY-ST-ZIP W PALM BCH FL
TITLE S
NAME CASTOR, CRYSTAL
STREET ADDRESS 2980-G CROSLY DR. E
CITY-ST-ZIP W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33415
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33415
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33415
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33415
5.1 TITLE D
5.2 NAME Betty Zaffram
5.3 STREET ADDRESS 2950-F Crosley Drive East
5.4 CITY-ST-ZIP West Palm Beach FL 33415
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33415

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/10/97 561-965-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0041283

CR2E037 (9/96)