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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719730 (4)

1. Corporation Name
CRESTHAVEN VILLAS NO. 18 CONDOMINIUM, INC.



Principal Place of Business C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST W PALM BCH FL 33415-8418	Mailing Address C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST W PALM BCH FL 33415-8418
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3. Date Incorporated or Qualified
11/23/1970

4. FEI Number
59-2239829

Applied For
 Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVENPORT, AGNES	
STREET ADDRESS	2980-C CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WERTZ, SOPHIE	
STREET ADDRESS	2076-J CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEIN, RHODA	
STREET ADDRESS	2956-B CROSLY DR. E	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	VIS, WILLIAM	
STREET ADDRESS	2000-A CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAFFRAM, BETTY	
STREET ADDRESS	2950-F CROSLY DRIVE EAST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CASTOR, CRYSTAL	
STREET ADDRESS	2000-G CROSLY DR. E	
CITY-ST-ZIP	W PALM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD. STEIN, RHODA
3.3 STREET ADDRESS	2956-B CROSLY DR EAST
3.4 CITY-ST-ZIP	WEST PALM BEACH FL.
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D FORD GLADYS
4.3 STREET ADDRESS	2960-D CROSLY DRIVE EAST
4.4 CITY-ST-ZIP	WEST PALM BEACH FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD ZAFFRAM, BETTY
5.3 STREET ADDRESS	2950-F CROSLY DRIVE EAST
5.4 CITY-ST-ZIP	WEST PALM BEACH FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D CASTOR, CRYSTAL
6.3 STREET ADDRESS	2980-G CROSLY DR. EAST
6.4 CITY-ST-ZIP	WEST PALM BEACH

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* + Jan 14, 1998 + 433 9063

CR2E037 (10/97)