

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719730

1. Entity Name

CRESTHAVEN VILLAS NO. 18 CONDOMINIUM, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90097 011 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2239829

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORGES, REYNALDO
 CROSLY RECREATION CENTER
 2889 CROSLY DRIVE EAST
 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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SLEETH, EMILY	
STREET ADDRESS	2966-A CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	P	<input type="checkbox"/> Delete
NAME	WERTZ, SOPHIE	
STREET ADDRESS	2976-J CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	REX, COLLEENE	
STREET ADDRESS	2876-H CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, HAZEL	
STREET ADDRESS	2990-E CROSLY DR E	
CITY-ST-ZIP	W PALM BCH FL 33415	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZAFFRAM, BETTY	
STREET ADDRESS	2950-F CROSLY DRIVE EAST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTOR, CRYSTAL	
STREET ADDRESS	2980-G CROSLY DR. E	
CITY-ST-ZIP	W PALM BCH FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Genevieve Faas	
STREET ADDRESS	2986-A Crosley Dr. E	
CITY-ST-ZIP	West Palm Beach, FL. 33415	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sophie Wertz	
STREET ADDRESS	2976-J Crosley Dr. E	
CITY-ST-ZIP	West Palm Beach, FL. 33415	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Agnes Davenport	
STREET ADDRESS	2980-C Crosley Dr. E	
CITY-ST-ZIP	West Palm Beach, FL. 33415	

12. I 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 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00
 Date

Daytime Phone #