

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90024 021 \*\*\*\*61.25

**DOCUMENT # 720343**

1. Entity Name

CRESTHAVEN VILLAS NO. 19 CONDOMINIUM, INC.



Principal Place of Business

C/O CROSLY MASTER ASSOCIATION  
2889 CROSLY DRIVE EAST  
WEST PALM BEACH FL 33415-8418

Mailing Address

C/O CROSLY MASTER ASSOCIATION  
2889 CROSLY DRIVE EAST  
WEST PALM BEACH FL 33415-8418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0359562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BORGES, REYNALDO  
CROSLY RECREATION CENTER  
2889 CROSLY DRIVE  
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE VD ☐ Delete  
NAME VIRGINIA, ISCARO  
STREET ADDRESS 2995-E CROSLY DR. W  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE PD ☒ Delete  
NAME ROY, SALLY  
STREET ADDRESS 2981-C CROSLY DR W  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☒ Delete  
NAME HANSEN, ADELAIDE  
STREET ADDRESS 2981-D CROSLY DR. W  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ Delete  
NAME CONRAD, ROY  
STREET ADDRESS 2981-C CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE TD ☒ Delete  
NAME MANAS, ARTHUR  
STREET ADDRESS 2955-C CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ Delete  
NAME POCCECHI, MARION  
STREET ADDRESS 2971-I CROSLY DR. W.  
CITY-ST-ZIP WEST PALM BEACH FL 33415

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME VIRGINIA, ISCARO  
STREET ADDRESS 2995-E CROSLY DR. WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE SD ☐ Change ☒ Addition  
NAME ALEJANDRA BIATA  
STREET ADDRESS 2995-I CROSLY DR. WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D ☐ Change ☒ Addition  
NAME JOHN WRIGHT  
STREET ADDRESS 2955-I CROSLY DR. WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME ELMER JOHNSON  
STREET ADDRESS 2991-A CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VD ☒ Change ☐ Addition  
NAME POCCECHI, MARION  
STREET ADDRESS 2971-I CROSLY DR. WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

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: *Virginia Iscaro* VIRGINIA ISCARO/26/06 6428752