FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:15

DOCUMENT # 720944 (8)

1. Corporation Name

CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418	C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1971
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-2041355 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SHEGOTA MICHAEL A.
CROSLEY RECREATION CENTER
2889 CROSLEY DRIVE EAST
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name: BORGES, REYNALDO
82 Street Address (P.O. Box Number is Not Acceptable): CROSLEY RECREATION CENTER
83: 2889 CROSLEY DRIVE
84 City: WEST PALM BEACH FL 85 Zip Code: 33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] REYNALDO BORGES, PM 1/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	NOEL, ELVIRA	1.2 NAME	ALPHONSE TOSIANO	
STREET ADDRESS	2941-B CORSLEY DR. W	1.3 STREET ADDRESS	2935-K CROSLEY DR. WEST	
CITY-ST-ZIP	W. PALM BEACH FL 33415	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, EVELYN	2.2 NAME		
STREET ADDRESS	2935-K CROSLEY DR W	2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	TOSIANO, ALPHONSE	3.2 NAME	NOEL, ELVIRA	
STREET ADDRESS	2935-K CROSLEY DR. W	3.3 STREET ADDRESS	2941- B CROSLEY DR. W	
CITY-ST-ZIP	W. PALM BEACH FL 33415	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	TD	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	COOPER, RHODA	4.2 NAME	DICK, BERNADETTE	
STREET ADDRESS	2945-B CROSLEY DR. W	4.3 STREET ADDRESS	2915-A CROSLEY DRIVE W.	
CITY-ST-ZIP	W. PALM BEACH FL 33415	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	5.1 TITLE	director	☒ Change ☐ Addition
NAME	YARISH, MARLENE	5.2 NAME	DINERSTEIN, SARAH	
STREET ADDRESS	2901-L CROSLEY DR. W	5.3 STREET ADDRESS	2935-H CROSLEY DRIVE. W.	
CITY-ST-ZIP	W. PALM BEACH FL 33415	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	D	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	LICHTER, LEO	6.2 NAME	COOPER, RHODA	
STREET ADDRESS	2941-C CROSLEY DR. W	6.3 STREET ADDRESS	2945-B CROSLEY DR. WEST	
CITY-ST-ZIP	W. PALM BEACH FL 33415	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)(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: [signature] 1-31-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

ALPHONSE TOSIANO, PRES 407 965-7727
Typed or Printed Name — Daytime Phone Number

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