

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 720944 (8)

1. Corporation Name

CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

05/14/1971

3a. Date of Last Report

02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

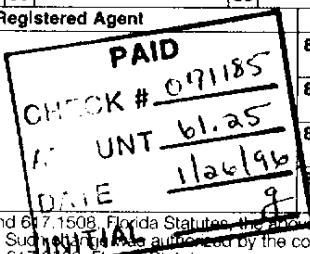
29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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



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 undersigned 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 is 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 617.1504, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME  
TOSIANO, ALPHONSE  
STREET ADDRESS  
2835-K CROSLY DR WEST  
CITY-ST-ZIP  
WEST PALM BEACH FL

1.2 NAME  
1.3 STREET ADDRESS  
2935-E CROSLY DR WEST  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME  
LEWIS, EVELYN  
STREET ADDRESS  
2935-K CROSLY DR W  
CITY-ST-ZIP  
W. PALM BEACH FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
SHARKEY, THERESA  
2931-D CROSLY DR W  
WEST PALM BEACH FL 33415

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME  
NOEL, ELVIRA  
STREET ADDRESS  
2941-B CROSLY DR W  
CITY-ST-ZIP  
WEST PALM BEACH FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
D  
LICHTER, LEO  
2941-C CROSLY DR WEST  
WEST PALM BEACH FL 33415

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME  
DICK, BERNADETTE  
STREET ADDRESS  
2915-A CROSLY DRIVE W  
CITY-ST-ZIP  
WEST PALM BEACH FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
D  
CSAZI, CLARA  
2941-H CROSLY DR WEST  
WEST PALM BEACH FL 33415

TITLE ☒ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
DINERSTEIN, SARA  
STREET ADDRESS  
2935-H CROSLY DRIVE W  
CITY-ST-ZIP  
WEST PALM BEACH FL

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
COOPER, RHODA  
STREET ADDRESS  
2845-B CROSLY DR WEST  
CITY-ST-ZIP  
WEST PALM BEACH FL

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)