FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUI 1. Corporation	MENT #	720944	(8)			
CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.						
Principal Place of Business Mailing Address					L SOBERT ARBITA STRUK ORTHER ORTHER ORDER BY	1 (00)
C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418 C/O CROSLEY MASTER ASS 2889 CROSLEY DRIVE EAST WEST PALM BEACH FL 33415-8418 WEST PALM BEACH FL 33415-8418				AST	3. Date Incorporated or Qualified 05/14/1971 4. FEI Number Applied	
					4. FEI Number Applied S9-2041355 Not Appl	
2. Principal Place of Business			2a. Mailing Address		5. Certificate of Status Desired S8.75 Additio	
Suite, Apt. #, etc.			Suite, Apt. #. etc.		6. Election Campaign Financing \$5.00 May Br	
22			27		Trust Fund Contribution Added to Fees	
City & State City & State 28					7. Is this nonprofit corporation a homeowners association?	
Zip		ountry	Zip	Country	This corporation owes or has paid the current year Intangibl Personal Property Tax due June 30. Yes No	le
24	9. Name and #	ddress of Current	29 Registered Agent	[30]	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
81 Name						
BORGES, REYNALDO 82 Street					Address (P.O. Box Number is Not Acceptable)	
	Y RECREATION	CENTER		83		
2889 CROSLEY DRIVE				63		
WEST PALM BEACH FL 33415				84 City	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.						
office or re agent. I a	egistered agent, or m familiar with, and	both, in the State of daccept the obligat	of Florida. Such change was tions of, Section 617.0503, F	s authorized by the cor Florida Statutes.	poration's board of directors. I hereby accept the appointment as registr	erea
SIGNATURE				Nto Davis de la constant	e required when reinstating) DATE	
12.	Signature typed or printe	d name of registered agen OFFICERS AND		OTE: Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
TITLE	PD		DELETE	1.1 TITLE	PD. Change 🖾 A	Addition
NAME	DICK, ARTHU	R		1.2 NAME	SMITH ANTHONY	
STREET ADDRESS		LEY DR WEST		1.3 STREET ADDRESS	SMITH ANTHONY 2945-A CROSLEY DR WEST WEST PALM BEACH FL	ļ
CITY-ST-ZIP	WEST PALM	BEACH FL	Decerre	1.4 CITY-ST-ZIP	WEST PALM BEACH FC	Addition
TITLE NAME	lewis, evely	/Al	☐ DELETE	2.1 TITLE 2.2 NAME	i Change Life	1001101
STREET ADDRESS	2935-K CROS			2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEA			2. 4 CITY-ST-ZIP		
TITLE	TD		☐ DELETE	3 1 TITLE	Change D	Addition
NAME	CSAZI, CLARA			3.2 NAME		
STREET ADDRESS	2941-H CROS	LEY DR WEST		3.3 STREET ADDRESS		[
CITY-ST-ZIP	WEST PALM I	BEACH FL	N DOLLY	3.4. CITY-ST-ZIP	Change MA	Addition
TITLE NAME	D Sweeney, ea	DLIA	DELETE	4.1 TITLE 4.2 NAME	1 V F V	*OURIUM
STREET ADDRESS		LEY DR WEST		4.3 STREET ADDRESS	VANCE RITA	
CITY-ST-ZIP	WEST PALM			4.4 CITY-ST-ZIP	2901-J CROSLEY DR WEST WEST PALM BEACH FL.	}
TITLE	D	. – <u></u>	DELETE	5.1 TLE	[50 . □ Change BQ/	Addition
NAME	LICHTER, LEC		-	5.2 ME	NOEL ELVIRA)
STREET ADDRESS	2941-C CROS			5.3 REET ADDRESS	2941-B CROSLEY DR WEST	
CITY-ST-ZIP	WEST PALM I	BEACH FL	T AFI F	5. Y-ST-ZIP	WEST PALM BEACH FL	Addition
TITLE			DELETE	6	TOSIANO ALPHONSE Change	Addition [
NAME STREET ADDRESS				6. ET ADDRESS	2935-E CROSLEY DR. WETT	7
CITY-ST-ZIP				6.4 Y-ST-ZIP	WEST PALM BEACH FL.	· }
44 15 276	and the stand about the	tion a section of the	b this filing door and munific	for the a service state	ed in Section 110 07/3/() Florida Statutas I further certify that the inform	nation

I nereby certify that the information supplied with this filing does not qualify for the elemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 647, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

Feb 18 1998 8:00am