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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90191 001 \*\*\*\*61.25

**DOCUMENT # 720944**

1. Corporation Name

**CRESTHAVEN VILLAS NO. 20 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/14/1971

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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.

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

TITLE PD ☐ DELETE  
NAME SMITH, ANTHONY  
STREET ADDRESS 2945-Q CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE TD ☐ DELETE  
NAME CSAZI, CLARA  
STREET ADDRESS 2941-H CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VPD ☐ DELETE  
NAME VANCE, RITA  
STREET ADDRESS 2901-J CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☐ DELETE  
NAME NOEL, ELVIRA  
STREET ADDRESS 2941-C CROSLY DR W  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE  
NAME TOSIANO, ALPHONSE  
STREET ADDRESS 2935-E CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Anthony D. Smith* 2/2/99 965-1496  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)