

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90090 021 \*\*\*\*61.25

**DOCUMENT # 720944**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2041355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2005**

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          | PD                       | <input type="checkbox"/> Delete            |
| NAME           | SMITH, ANTHONY           |                                            |
| STREET ADDRESS | 2945-A CROSLY DR WEST    |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415 |                                            |
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | LEWIS, EVELYN            |                                            |
| STREET ADDRESS | 2935-K CROSLY DR W       |                                            |
| CITY-ST-ZIP    | W. PALM BEACH FL         |                                            |
| TITLE          | TD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | COOPER, RHOD A           |                                            |
| STREET ADDRESS | 2945-B CROSLY DR WEST    |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415 |                                            |
| TITLE          | D                        | <input type="checkbox"/> Delete            |
| NAME           | VANCE, RITA              |                                            |
| STREET ADDRESS | 2901-J CROSLY DR WEST    |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL       |                                            |
| TITLE          | SD                       | <input type="checkbox"/> Delete            |
| NAME           | POYNER, JEAN             |                                            |
| STREET ADDRESS | 2895-H CROSLY DR W       |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415 |                                            |
| TITLE          | VD                       | <input checked="" type="checkbox"/> Delete |
| NAME           | NOEL, ELVIRA             |                                            |
| STREET ADDRESS | 2941-B CROSLY DR WEST    |                                            |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415 |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | SMITH, ANTHONY           |                                                                              |
| STREET ADDRESS | 2945-A CROSLY DR WEST    |                                                                              |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415 |                                                                              |
| TITLE          | D                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JOSEPHINE SMITH          |                                                                              |
| STREET ADDRESS | 2945-A CROSLY DR WEST    |                                                                              |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415 |                                                                              |
| TITLE          | TD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SANDY JOHNSON            |                                                                              |
| STREET ADDRESS | 2915-F CROSLY DR WEST    |                                                                              |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415 |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          | PD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | POYNER, JEAN             |                                                                              |
| STREET ADDRESS | 2895-H CROSLY DR WEST    |                                                                              |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33415 |                                                                              |
| TITLE          | SD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CHERYL LAVIGNE           |                                                                              |
| STREET ADDRESS | 2895-N 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 exemption stated in Section 119.07(3)(i), 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:

*Jean Poyner* Jan 24, 2005 968-8979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #