

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90023 041 \*\*\*\*61.25



**DOCUMENT # 720944**

1. Entity 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



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 (10/05)

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  Delete  
NAME SMITH, ANTHONY  
STREET ADDRESS 2945-A CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME LEWIS, EVELYN  
STREET ADDRESS 2945-A CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE  Change  Addition  
NAME ELVIRA NOEL  
STREET ADDRESS 2941-B CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE TD  Delete  
NAME JOHNSON, SANDY  
STREET ADDRESS 2915-F CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE  Change  Addition  
NAME BERNADETTE DICK  
STREET ADDRESS 2915-A CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE D  Delete  
NAME VANCE, RITA  
STREET ADDRESS 2901-J CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE  Change  Addition  
NAME VANCE, RITA  
STREET ADDRESS 2901-J CROSLY DR. WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE PD  Delete  
NAME POYNER, JEAN  
STREET ADDRESS 2895-H CROSLY DR W  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  Delete  
NAME LAVIGNE, CHERYL  
STREET ADDRESS 2895-N CROSLY DR WEST  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

*Elvira Noel*

ELVIRA NOEL

01/30/06 (61)642-2503