


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90033 001 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2041355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BORGES, REYNALDO CROSLY RECREATION CENTER 2889 CROSLY DRIVE WEST PALM BEACH FL 33415		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D SMITH, ANTHONY 2945-A CROSLY DR WEST WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD NOEL, ELVIRA 2941 B CROSLY DR W WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D NOEL ELVIRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2941 CROSLY DR WEST APT B WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY ST ZIP	D DICK, BERNADETTE 2915 A CROSLY DR W WEST PALM BEACH FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SD EILEEN BROWN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2971 CROSLY DR WEST APT H WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY ST ZIP	D VANCE, RITA 2901-J CROSLY DR WEST WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TD VANCE RITA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2901 CROSLY DR WEST APT-J WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY ST ZIP	PD POYNER, JEAN 2895-H CROSLY DR W WEST PALM BEACH FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD LAVIGNE, CHERYL 2895-N CROSLY DR WEST WEST PALM BEACH FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VD BOB BROWN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2971 CROSLY DRIVE WEST APT H WEST PALM BEACH FL 33415

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: Jean Poyner Resident 1-19-07 968-8979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #