

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720944

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** CRESTHAVEN VILLAS NO. 20 CONDOMINIUM, INC.

**Current Principal Place of Business:**

C/O CROSLEY MASTER ASSOCIATION  
2889 CROSLEY DRIVE EAST  
WEST PALM BEACH, FL 334158418

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CROSLEY MASTER ASSOCIATION  
2889 CROSLEY DRIVE EAST  
WEST PALM BEACH, FL 334158418

**New Mailing Address:**

**FEI Number:** 59-2041355      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATTERA, ANTHONY  
CROSLEY RECREATION CENTER  
2889 CROSLEY DRIVE  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SMITH, JOSEPHINE  
Address: 2945-A CROSLEY DR WEST  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D  
Name: VANCE, RITA  
Address: 2901 J CROSLEY DR W  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S  
Name: NEARY, JACK  
Address: 2895 CROSLEY DR. W. APT K  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: P  
Name: THERRIEN, RAYMOND  
Address: 2945 CROSLEY DR W APT E  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD  
Name: POYNER, JEAN  
Address: 2895-H CROSLEY DR W  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: VP  
Name: BROWN, BOB  
Address: 2921 CROSLEY DR.W. APT. H  
City-St-Zip: WEST PALM BEACH, FL 33415

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND THERRIEN

P

01/07/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date