

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90123 038 ****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

4. FEI Number **59-2041355**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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

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 ☒ VPD ☐ Delete
NAME **SMITH, ANTHONY**
STREET ADDRESS **2945-Q CROSLY DR WEST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE ☒ T ☐ Delete
NAME **WEST, BETTY**
STREET ADDRESS **2941-B CROSLY DRIVE 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 ☒ SD ☒ Delete
NAME **NOEL, ELVIRA**
STREET ADDRESS **2941-C CROSLY DR W**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☒ P ☐ Delete
NAME **HELD, BOB**
STREET ADDRESS **2901 N. CROSLY DR W**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD JEAN POYNER**
STREET ADDRESS **2895-H CROSLY DR WEST**
CITY-ST-ZIP **W.P.B. 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 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: **SIGNATURE REQUIRED**

1/15/03

561-964-4644

CR2E037 (10/02)