


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

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

02-01-2007 90033 032 \*\*\*\*61.25

<b>DOCUMENT # 721646</b> 1. Entity Name <b>CRESTHAVEN VILLAS NO. 21 CONDOMINIUM, INC.</b>					
Principal Place of Business <b>C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST W. PALM BEACH FL 33415-8498</b>			Mailing Address <b>C/O CROSLY MASTER ASSOCIATION 2889 CROSLY DRIVE EAST W. PALM BEACH FL 33415-8498</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>BORGES, REYNALDO CROSLY RECREATION CENTER 2889 CROSLY DRIVE EAST W. PALM BEACH FL 33415</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST / ZIP	VP GREENWOOD, BO 2833 H CROSLY DR W WEST PALM BEACH FL 33415 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST / ZIP	VP ORUIS VIOLETTE 2833 CROSLY DR WEST APT. H WEST PALM BEACH FL 33415 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST / ZIP	PD ISCARO, ALFONSE 2863-E CROSLY DRIVE 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	SD JOHNSON, LUCILLE 2833 G 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	D MECOZZI, JOSEPH 2853 - B 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	D JOHNSON, JACK 2833 G 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	TD WISHART, PATRICIA 2843-L CROSLY DRIVE 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	



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2111581** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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:**

*Alfonso Iscario*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07-1561  
1-19-07-969-9622  
Date Daytime Phone #