## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 720944** 

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

**FILED** Feb 24, 2016 **Secretary of State** CC4398082188

## **Current Principal Place of Business:**

CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH, FL 33415-8418

## **Current Mailing Address:**

C/O CROSLEY MASTER ASSOCIATION 2889 CROSLEY DRIVE EAST WEST PALM BEACH, FL 33415-8418

FEI Number: 59-2041355 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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

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

Officer/Director Detail:

Title Title

LAVIGNE, CHERYL Name Name BROWN, ROBERT

2985 CROSLEY DR W 2921 CROSLEY DR. W. APT H Address Address

APT N

WEST PALM BEACH FL 33415 City-State-Zip: City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR Title Р

Name SMITH, JOSEPHINE Name POYNER, JEAN

Address 2945 CROSLEY DRIVE W Address 2895 CROSLEY DR W APT H APT A

WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip:

Title **DIRECTOR** VANCE, RITA Name

2901 CROSLEY DRIVE WEST Address

APT J

City-State-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.