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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740130

1. Corporation Name
CRESCENT BEACH - FOUR WINDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 8130 A1A SO. 8130 A1A SO.
 ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086

541454-90313-22



21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	09/14/1977
22	Suite, A.st. #, etc.	Suite, Apt. #, etc.	27	4. FEI Number	59-1920296
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BAUER, SALLY A. 8130 A1A SOUTH #J-1 ST.AUGUSTINE FL 32086				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEH, SHIHADAH	1.2 NAME	BATEH, SHIHADAH
STREET ADDRESS	1501 OAK HAVEN RD.	1.3 STREET ADDRESS	1501 OAK HAVEN RD
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	WAYNE MEFETRICH	2.2 NAME	
STREET ADDRESS	5176 110TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRINGTON, TED	3.2 NAME	MERRILL RUSSELL
STREET ADDRESS	8130 A1AS, #H7	3.3 STREET ADDRESS	8130 A1A S #G8 - ST. AUG FLA
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	3.4 CITY-ST-ZIP	32086 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	SALTER, LOWELL	4.2 NAME	
STREET ADDRESS	12736 SHINNECOCK WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDERMAN, KAY	5.2 NAME	EARL EDMONDSON #FIS
STREET ADDRESS	8130 A1AS #H2	5.3 STREET ADDRESS	8130 A1A S - ST. AUG FL, 32086
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	SMITH, TIM	6.2 NAME	
STREET ADDRESS	614 RIVER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32077	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ted Harrington **REQUIRED** 4-24-99 904-471-0683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)