

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740130

1. Entity Name

CRESCENT BEACH - FOUR WINDS CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

8130 A1A SO.  
ST. AUGUSTINE FL 32086

8130 A1A SO.  
ST. AUGUSTINE FL 32086-8341

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

59-1920296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUER, SALLY A.  
8130 A1A SOUTH #J-1  
ST.AUGUSTINE FL 32086

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Delete  
NAME BATEH, SHIHADAH  
STREET ADDRESS 1501 OAK HAVEN RD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE Director ☐ Change ☒ Addition  
NAME Walter FRICK  
STREET ADDRESS 811 W Pratt St  
CITY-ST-ZIP STARKE FL 32091-3038

TITLE D ☒ Delete  
NAME RUSSELL, MERRILL  
STREET ADDRESS 8130 A1A, #G8  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE TREASURER ☒ Change ☐ Addition  
NAME MERRILL RUSSELL  
STREET ADDRESS 8130 A1A #G8  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE P ☒ Delete  
NAME HARRINGTON, TED  
STREET ADDRESS 8130 A1AS, #H7  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE Smith, TIM - PRES. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 614 RIVER ST  
CITY-ST-ZIP PALATKA FL 32077

TITLE T ☒ Delete  
NAME SALTER, LOWELL  
STREET ADDRESS 12736 SHINNECOCK WAY  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE Secretary ☐ Change ☒ Addition  
NAME NANCY Gormley  
STREET ADDRESS 13 CORDOBA CT  
CITY-ST-ZIP PALM COAST, FL 32137

TITLE S ☒ Delete  
NAME ALDERMAN, KAY  
STREET ADDRESS 8130 A1AS #H2  
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE Director ☐ Change ☒ Addition  
NAME Joan Decamp #J-11  
STREET ADDRESS 8130 A1AS  
CITY-ST-ZIP ST AUG. FL 32086

TITLE D ☒ Delete  
NAME SMITH, TIM  
STREET ADDRESS 614 RIVER ST  
CITY-ST-ZIP PALATKA FL 32077

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME BOB LENTZ  
STREET ADDRESS 491 KEVIN DR  
CITY-ST-ZIP ORANGE PARK FL. 32073

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: *Walter Frick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00 904-471-0683  
Date Daytime Phone #

CR2E037 (9/99)