

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 740130**

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



**FILED**

08 NOV 10 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Mailing Address  
1621 WOODMERE DR  
JACKSONVILLE, FL 32210



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.-  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

11032008 REIN-NP CR2E099 (1/07)

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  
**CRAVEY, JERRY R**  
1621 WOODMERE DR  
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1121 Kingsley Ave**  
City **Orange Park** FL Zip Code **32073**

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2009, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TRAVIS, ROSIE 8003 SW 5TH AVENUE GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400137781194</b> <b>11/10/08--01027--006 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MARTY 8130 A1A SOUTH SAINT AUGUSTINE, FL 32080 <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	VD KRUEGER, PAM 1527 VISTA COVE RD SAINT AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DT Mark Walker</b> <b>12026 NW 15th Ln</b> <b>Gainesville, FL 32607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DULL, FRANCES 402 E BLAKE AV CONNELLSVILLE, PA 154252225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DS Arden Knight</b> <b>9130 A1A S. #112</b> <b>St. Aug. FL 32080</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FLUMAN, JUDIE 15026 SW 26TH AVE NEWBERRY, FL 32669 <input checked="" 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 WILLIAMSON, DENNI 5123 CENTERVIEW OAK DR TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mark Walker **MARK WALKER, DT** 11/6/08 352-332-2961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/12