

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740130

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

8130 A1A SO.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

1621 WOODMERE DR
JACKSONVILLE, FL 32210

New Mailing Address:

8130 A1A SO.
ST. AUGUSTINE, FL 32086

FEI Number: 59-1920296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAVEY, JERRY R
1121 KINGSLEY AVE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

CHRISTINE & CHRISTINE P.A.
28 CORDOVA STREET
ST AUGUSTINE, FL 32084 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: ANDREW JACKSON ESQ

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TRAVIS, ROSIE
Address: 8003 SW 5TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: SMITH, MARTY
Address: 8130 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD () Delete
Name: KRUEGER, PAM
Address: 1527 VISTA COVE RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT () Delete
Name: WALKER, MARK
Address: 12026 NW 1ST LN.
City-St-Zip: GAINESVILLE, FL 32607

Title: DS () Delete
Name: KNIGHT, ARDEN
Address: 8130 A1A S. #112
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D () Delete
Name: WILLIAMSON, DENNI
Address: 5123 CENTERVIEW OAK DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSIE TRAVIS

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date