

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740130

**Entity Name:** CRESCENT BEACH - FOUR WINDS CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC6133305068****Current Principal Place of Business:**8130 A1A SOUTH  
ST. AUGUSTINE, FL 32086**Current Mailing Address:**C/O SOVEREIGN & JACOBS PROPERTY MANAGEMENT  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080**FEI Number: 59-1920296****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SOVEREIGN & JACOBS PROPERTY MANAGEMENT CO.  
461 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080 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 DP  
Name CANTLIFFE, DAN  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name HELMS, JIMMY  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP  
Name TRAVIS, ROSA  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title TREASURER  
Name CLARK, DANA  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title SECRETARY  
Name KRUEGER, DUWAYNE  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name WILLIAMSON, DENNIS  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR  
Name WALKER, MARK  
Address C/O SOVEREIGN & JACOBS  
461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

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.

**SIGNATURE: DAN CANTLIFFE****PRESIDENT****01/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date