FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740130 (0)

1. Corporation Name

CRESCENT BEACH - FOUR WINDS CONDOMINIUM ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1977
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-1920296 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Sally A Bauer 2-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	1.1 TITLE	President	☐ Change ☒ Addition
NAME	BATEH, SHIHADEH	1.2 NAME	Richard Ragno	
STREET ADDRESS	1501 OAK HAVEN RD.	1.3 STREET ADDRESS	8130 A1A S #H-17	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	BETHEA CLIFFORD	2.2 NAME		
STREET ADDRESS	3734 THAL RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TITTUSVILLE FL 32796	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	HARRINGTON, TED	3.2 NAME		
STREET ADDRESS	8130 A1AS, #47	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, HENRY	4.2 NAME		
STREET ADDRESS	8130 A1A S. #D1	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	RUTZLER, JAMES	5.2 NAME	James Barrett	
STREET ADDRESS	220 JOEY DR.	5.3 STREET ADDRESS	8130 A1A S. C8	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	5.4 CITY-ST-ZIP	St. Augustine, FL 32086	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHALLERN, CECILIA ,	6.2 NAME		
STREET ADDRESS	8130 A1A S. #E14	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0000340