

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740130 (0)

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



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

Mailing Address
**8130 A1A SO
ST. AUGUSTINE FL 32086**

3. Date Incorporated or Qualified
09/14/1977

3a. Date of Last Report
03/01/1995

4. FEI Number
59-1920296

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. City & State

29. Zip

30. Country

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

85. Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATEH, SHIHADEN	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETHEA CLIFFORD	2.2 NAME	
STREET ADDRESS	3734 THAL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32796	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRET, JAMES	5.2 NAME	
STREET ADDRESS	8130 A1A S.C8	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: **James Barret** Date: **2-23-96** Daytime Phone #: **904-471-0693**

CR2E037 (12/95)