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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 32086-8341

3. Date Incorporated or Qualified 09/14/1977 3a. Date of Last Report 02/28/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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: Sally Bauer Broker 1-28-97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATEH, SHIHADEN	1.2 NAME	Wayne M. Fetrick
STREET ADDRESS	1501 OAK HAVEN RD.	1.3 STREET ADDRESS	5176 110th St.
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32244
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Lowell SALTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETHEA CLIFFORD	2.2 NAME	12736 Shinnecock Way
STREET ADDRESS	3734 THAL RD.	2.3 STREET ADDRESS	JACKSONVILLE FL 32225
CITY-ST-ZIP	TITUSVILLE FL 32796	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	Merrill Russell <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, TED	3.2 NAME	# G 8 Four Winds Cond 0
STREET ADDRESS	8130 A1AS, #47	3.3 STREET ADDRESS	8130 A1AS ST. AUG., FL 32086
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, HENRY	4.2 NAME	KAY ALDERMAN
STREET ADDRESS	8130 A1A S. #D1	4.3 STREET ADDRESS	8130 A1AS #H2
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	4.4 CITY-ST-ZIP	ST AUG., FL 32086
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRET, JAMES	5.2 NAME	Ted Harrington
STREET ADDRESS	8130 A1A S.C8	5.3 STREET ADDRESS	8130 A1AS #H7
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	Treasurer <input type="checkbox"/> DELETE	6.1 TITLE	Lecilia Schallern <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHALLERN, CECILIA,	6.2 NAME	8130 A1AS #E14
STREET ADDRESS	8130 A1A S. #E14	6.3 STREET ADDRESS	ST AUGUSTINE FL 32086
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.
SIGNATURE: Kay J. Alderman 1-28-97 904-471-0683 DATE Daytime Phone # 0001518

CR2E037 (9/96)