


FILE NOW: FILING FEE IS \$61.25

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**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/14/1977	
4. FEI Number 59-1920296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
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	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 _____ 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	Director
NAME	BATEH, SHIHADAH	1.2 NAME	Shihadeh, Bateh
STREET ADDRESS	1501 OAK HAVEN RD.	1.3 STREET ADDRESS	1501 OAK HAVEN RD
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	P	2.1 TITLE	VP
NAME	WAYNE MEFETRICH	2.2 NAME	Wayne Mefetrich
STREET ADDRESS	5176 110TH ST	2.3 STREET ADDRESS	5176 110th ST
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	D	3.1 TITLE	President
NAME	HARRINGTON, TED	3.2 NAME	Harrington, Ted
STREET ADDRESS	8130 A1AS, #47	3.3 STREET ADDRESS	8130 A1AS #H7
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	ST AUGUSTINE, FL. 32086
TITLE	D	4.1 TITLE	Treasurer
NAME	SALTER, LOWELL	4.2 NAME	SALTER Lowell
STREET ADDRESS	12736 SHINNECOCK WAY	4.3 STREET ADDRESS	12736 Shinnecock way
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	D	5.1 TITLE	Secretary
NAME	MERRILL, RUSSELL	5.2 NAME	Kay Alderman
STREET ADDRESS	#G8 FOUR WINDS CONDO 8130 A1A S.	5.3 STREET ADDRESS	8130 A1AS # H2
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	ST AUGUSTINE FL.
TITLE	D	6.1 TITLE	Director
NAME	SCHALLERN, CECILIA	6.2 NAME	Tim Smith
STREET ADDRESS	8130 A1A S. #E14	6.3 STREET ADDRESS	614 River St.
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	6.4 CITY-ST-ZIP	PALATKA FL 32077

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shihadeh, Bateh	
1.3 STREET ADDRESS	1501 OAK HAVEN RD	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32207	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wayne Mefetrich	
2.3 STREET ADDRESS	5176 110th ST	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32244	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Harrington, Ted	
3.3 STREET ADDRESS	8130 A1AS #H7	
3.4 CITY-ST-ZIP	ST AUGUSTINE, FL. 32086	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SALTER Lowell	
4.3 STREET ADDRESS	12736 Shinnecock way	
4.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kay Alderman	
5.3 STREET ADDRESS	8130 A1AS # H2	
5.4 CITY-ST-ZIP	ST AUGUSTINE FL.	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tim Smith	
6.3 STREET ADDRESS	614 River St.	
6.4 CITY-ST-ZIP	PALATKA FL 32077	

14. I 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 on an attachment with an address.

SIGNATURE: *[Signature]* 4/20/98 471-7752

CR2E037 (10/97)