

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90442 018 ****61.25

DOCUMENT # 740130

1. Entity Name

CRESCENT BEACH - FOUR WINDS CONDOMINIUM ASSOCIAT

Principal Place of Business

Mailing Address

8130 A1A SO.
ST. AUGUSTINE FL 32086

8130 A1A SO.
ST. AUGUSTINE FL 32086-8341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1920296

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	BATEH, SHIHADAH	1501 OAK HAVEN RD.	JACKSONVILLE FL 32207	<input type="checkbox"/>
D	RUSSELL, MERRILL	8130 A1A, #G8	ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/>
P	HARRINGTON, TED	8130 A1AS, #H7	ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/>
T	SALTER, LOWELL	12736 SHINNECOCK WAY	JACKSONVILLE FL 32225	<input checked="" type="checkbox"/>
S	ALDERMAN, KAY	8130 A1AS #H2	ST. AUGUSTINE FL	<input checked="" type="checkbox"/>
D	SMITH, TIM	614 RIVER ST	PALATKA FL 32077	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	WALTER FRICK	811 W PRATT ST	STARKE FL 32091-3038	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	MERRILL RUSSELL	8130 A1A #G8	ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SMITH, TIM - PRES.		614 RIVER ST	PALATKA FL 32077	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	NANCY GORMLEY	13 CORDOBA CT	PALM COAST, FL 32137	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	Joan Decamp # J-11	8130 A1AS	ST AUG. FL 32086	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	BOB LENTZ	491 KEVIN DR	ORANGE PARK FL. 32073	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lowell Salter*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00 904-471-0683
 Date Daytime Phone #

CR2E037 (9/99)