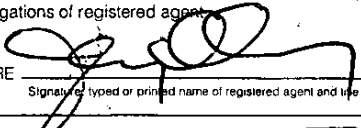
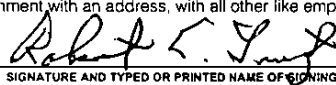


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90002 043 ****61.25

DOCUMENT # 740130 1. Entity Name CRESCENT BEACH - FOUR WINDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8130 A1A SO. ST. AUGUSTINE, FL 32086			Mailing Address 4000-B ST. JOHNS AVENUE STE 22 JACKSONVILLE, FL 32205		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		4. FEI Number 59-1920296		Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAVEY, JERRY R 4000-B ST. JOHNS AVENUE STE 22 JACKSONVILLE, FL 32205			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 					
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIS, ROSIE 8003 SW 5TH AVENUE GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Change ☒ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DECAMP, MARTIE & JOAN 8703 BASKERVILLE PLACE UPPER MARLBORO, MD 20772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Marty Smith 8130 A1A S. St. Augustine, FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KNIGHT, ARDEN P.O. BOX 524 BALSAM, NC 28707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Pam Krueger 1527 Vista Cove Rd. St. Augustine, FL 32084	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DULL, FRANCES 402 E BLAKE AV CONNELLSVILLE, PA 154252225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOMBARDI, MICHAEL 2496 SHALLIMAR LANE ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Judie Fumman 15026 SW 26th Ave Newberry, FL 32069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENTZ, BOB 491 KEVIN DR ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					