2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State
08-21-2006 90002 043 ****61.25

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

Principal Place of Business	Mailing Address
8130 A1A SO. ST. AUGUSTINE, FL 32086	4000-B ST. JOHNS AVENUE STE 22 JACKSONVILLE, FL 32205

07222006 Chg-NP CR2E037 (4/06)

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

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	☐ Delete	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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Marty Smith 8130 A1A S. St. Augustine, Fl. 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KNIGHT, ARDEN P.O. BOX 524 BALSAM, NC 28707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Pam Krueger 1527 Vista Cove Rd. St. Augustine, Fl. 32084	☐ Change ☒ Addition
TITLE ✓ / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DULL, FRANCES 402 E BLAKE AV CONNELLSVILLE, PA 154252225	☐ Delete	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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ D Judie Fiumara 15026 SW 21th Place Newberry, Fl. 32669	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LENTZ, BOB 491 KEVIN DR ORANGE PARK, FL 32073	☐ Delete	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 #