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Secretary of State
07-20-2007 90017 021 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 740130

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

66021459

05312007 Chg-NP CR2E037 (12/06)

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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	1621 Woodmere Dr. Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL.
Zip / Country	Zip: 32210 / 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): 1621 Woodmere Dr. City: Jacksonville FL Zip Code: 32210

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 14, 2007

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	DP TRAVIS, ROSIE 8003 SW 6TH AVENUE GAINESVILLE, FL 32607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dennis Williamson 5123 Centennial Oak Circle Tallahassee, FL 32308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, MARTY 8130 A1A SOUTH SAINT AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KRUEGER, PAM 1527 VISTA COVE RD SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DULL, FRANCES 402 E BLAKE AV CONNELLSVILLE, PA 164252225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLUMAN, JUDIE 15026 SW 26TH AVE NEWBERRY, FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT	☒ 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	D Larry Ratliff 208 SW 77th Terrace Gainesville, FL 32607	☐ 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: Frances M Dull Secretary Aug. 21, 2007 904.461.8430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #