

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740130

FILED
Jan 20, 2010
Secretary of State

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

Current Principal Place of Business:

8130 A1A SO.
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

8130 A1A SO.
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-1920296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTINE & CHRISTINE P.A.
28 CORDOVA STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: TRAVIS, ROSIE
Address: 8003 SW 5TH AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: D
Name: SMITH, MARTY
Address: 8130 A1A SOUTH
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VD
Name: KRUEGER, PAM
Address: 1527 VISTA COVE RD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT
Name: WALKER, MARK
Address: 12026 NW 1ST LN.
City-St-Zip: GAINESVILLE, FL 32607

Title: DS
Name: KNIGHT, ARDEN
Address: 8130 A1A S. #12
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D
Name: WILLIAMSON, DENNI
Address: 5123 CENTERVIEW OAK DR
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROSIE TRAVIS

PD

01/20/2010

Electronic Signature of Signing Officer or Director

Date