2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State
05-23-2003 90145 028 ****61.25

000582

DOCUMENT # 740130

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

Principal Place of Business	Mailing Address
8130 A1A SO. ST. AUGUSTINE FL 32086	8130 A1A SO. ST. AUGUSTINE FL 32086

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	4000-B St. Johns Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 22
City & State	City & State Jacksonville, FL
Zip / Country	Zip 32205 / 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
SHEPHERD, JAMES M 8130 A1A SOUTH #J-1 ST.AUGUSTINE FL 32086	Name: Jerry R. Cravey Street Address (P.O. Box Number is Not Acceptable): 4000-B St. Johns Avenue Suite 22 City: Jacksonville **FL** Zip Code: 32205

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 _____ JERRY R. CRAVEY 5/22/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BATEH, SHIHADEH 1501 OAK HAVEN RD. JACKSONVILLE FL 32207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Janson D. Kinsley 12938 Mandarin Road Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RUSSELL, MERILL 8130 AIA G8 SAINT AUGUSTINE FL 32086	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T Tom Turnbull 8703 Baskerville Place Upper Marlboro, MD 20772	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HARRINGTON, TED 8130 A1A SOUTH #H 7 ST. AUGUSTINE FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Arden Knight P.O. Box 524 Balsam, NC 28707	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORMLEY, NANCY 13 CORDOBA CT PALM COAST FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Frances Dull 402 E. Blake Av Connellsville, PA 15425-2225	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRICK, WALTER 8130 A1A S B18 ST AUGUSTINE FL 32080	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Roy Jaeger 100 Washington Avenue Avon by the Sea, NJ 07717	☒ 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

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED Frances Dull 5/22/03 1-904-388-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 90037673
#740130

Document # 740130
Crescent Beach – Four Winds Condominium Association, Inc.
FEI Number 59-1920296

Addition:

D
Martin Smith
8130 A1A South
Unit A-4
St. Augustine, FL 32080