
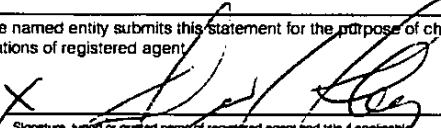
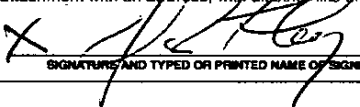


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90002 024 ****61.25

DOCUMENT # N02000007927					
1. Entity Name CRESCENT GARDEN AT ST. AUGUSTINE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16 MAY STREET ST. AUGUSTINE, FL 32084		Mailing Address 16 MAY STREET ST. AUGUSTINE, FL 32084			
2. Principal Place of Business 6456 Madison St.		3. Mailing Address 206 RAINTREE TRAIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine FL		City & State St. Augustine FL		4. FEI Number NOT APPLICABLE	
Zip 32080		Country St. Johns		Applied For Not Applicable	
Zip 32086		Country St. Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Thomas R. Long 16 MAY ST. St. Augustine, FL 32084			7. Name and Address of New Registered Agent Name: David Finlay Street Address (P.O. Box Number is Not Acceptable): 206 Raintree Trail City: St. Augustine FL Zip Code: 32086		
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: 8/22/05		
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD LONG, THOMAS R 16 MAY STREET ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID FINLAY 206 RAINTREE TRAIL ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRAUSZ, JEANNE L 16 MAY STREET ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JILL SLATER 12 A SECOND ST. ST. AUGUSTINE, FL 32080	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONG, LINDA 16 MAY STREET ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE: 8/22/05		Daytime Phone #: 904-794-5860

50063327



07282005 Chg-NP CR2E037 (10/03)