

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90022 026 \*\*\*\*61.25

DOCUMENT # N02000007927

1. Entity Name  
 CRESCENT GARDEN AT ST. AUGUSTINE  
 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 6456 MADISON ST.  
 ST. AUGUSTINE, FL 32080

Mailing Address  
 206 RAINTREE TRAK  
 ST. AUGUSTINE, FL 32086

00022725



2. Principal Place of Business  
 6448 MADISON ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022006 Chg-NP CR2E037 (4/06)

City & State  
 ST. AUGUSTINE, FL

City & State

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

Zip  
 32080

Country  
 USA

Zip

Country

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

FINLAY, DAVID  
 206 RAINTREE TRAIL  
 ST. AUGUSTINE, FL 32086

Name  
 JUDI COLCLASURE  
 Street Address (P.O. Box Number is Not Acceptable)  
 6448 MADISON ST.

City ST. Augustine FL Zip Code 32080

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

*Judi Colclasure*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD  
 NAME FINLAY, DAVID  Delete  
 STREET ADDRESS 206 RAINTREE TRAIL  
 CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE = ADDED  
 NAME JUDI COLCLASURE  Change  Addition  
 STREET ADDRESS 6448 MADISON ST.  
 CITY-ST-ZIP ST. Augustine, FL 32080

TITLE STD  
 NAME SLATER, JILL  Delete  
 STREET ADDRESS 12 A SECON ST.  
 CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE VP/D  
 NAME JUAN LOPEZ  Change  Addition  
 STREET ADDRESS 233 LIONS GATE DR  
 CITY-ST-ZIP ST. Augustine, FL 32080

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE S/T/D  
 NAME DAVID FINLAY  Change  Addition  
 STREET ADDRESS 206 RAINTREE TRAIL  
 CITY-ST-ZIP ST. Augustine, FL 32086

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  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:

*Judi Colclasure*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #