## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007927

Address:

City-St-Zip:

SAINT AUGUSTINE, FL 32080

FILED Apr 16, 2007 Secretary of State

Entity Nan	ne: CRESCENT GARDEN AT ST. AUGUSTINE C	ONDOMINIUM ASSOCIATION, INC.	
Current Principal Place of Business:		New Principal Place of Business:	
6448 MADI ST. AUGU	ISON ST. STINE, FL 32080		
Current Mailing Address:		New Mailing Address:	
206 RAINTREE TRAK ST. AUGUSTINE, FL 32086		206 RAINTREE TRAIL ST. AUGUSTINE, FL 32086	
FEI Number:	FEI Number Applied For ( ) FEI	Number Not Applicable (X) Certificate of Status Desired (	)
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
COLCLASURE, JUDY 6448 MADISON ST SAINT AUGUSTINE, FL 32080 US		COLCLASURE, JUDI 6448 MADISON ST SAINT AUGUSTINE, FL 32080 US	
	named entity submits this statement for the purpose of Florida.	e of changing its registered office or registered agent, or b	ooth,
SIGNATURE: JUDI COLCLASURE		04/16/2007	
	Electronic Signature of Registered Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD () Delete FINLAY, DAVID 206 RAINTREE TRAIL ST. AUGUSTINE, FL 32086	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	PD () Delete COLCLASURE, JUDI 6448 MADISON ST. SAINT AUGUSTINE, FL 32080	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address:	VPD ( ) Delete LOPEZ, JUAN 233 LIONS GATE DR.	Title: ( ) Change ( ) Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DAVID FINLAY STD 04/16/2007