

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007927

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

6448 MADISON ST.
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

206 RAINTREE TRAIL
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLCLASURE, JUDI
6448 MADISON ST
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

LOPEZ, JUAN MR.
233 LIONS GATE DR.
SAINT AUGUSTINE, FL 32080 US

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: JUAN LOPEZ

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: FINLAY, DAVID
Address: 206 RAINTREE TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: PD () Delete
Name: COLCLASURE, JUDI
Address: 6448 MADISON ST.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD () Delete
Name: LOPEZ, JUAN
Address: 233 LIONS GATE DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: FINLAY, DAVID MR.
Address: 206 RAINTREE TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: PD (X) Change () Addition
Name: LOPEZ, JUAN MR.
Address: 233 LIONS GATE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VPD (X) Change () Addition
Name: LEBRON, JEFFREY MR.
Address: 156 BAY BRIDGE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID FINLAY

STD

04/10/2009

Electronic Signature of Signing Officer or Director

Date