

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 02, 2012
Secretary of State

DOCUMENT# N04000007797

Entity Name: CRESCENT BEACH PROFESSIONAL OFFICE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6275 A1A S #103
ST AUGUSTINE, FL 32080**New Principal Place of Business:**6275 A1A S STE 102
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**6275 A1A S #103
ST AUGUSTINE, FL 32080**New Mailing Address:**6275 A1A S STE 102
SAINT AUGUSTINE, FL 32080**FEI Number:** 20-2637826**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BAMBERG, JONATHAN B
6275 A1A S #103
ST AUGUSTINE, FL 32080 US**Name and Address of New Registered Agent:**BAMBERG, JONATHAN B
6275 A1A S STE 103
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:

07/02/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: STROOP, WILLIAM T
Address: 6277 A1A S STE 101
City-St-Zip: SAINT AUGUSTINE, FL 32080 US

Title: VSD
Name: TUMLIN, RONNIE
Address: 7060 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: TD
Name: MILO, STEVEN E
Address: 151 SAWGRASS CORNERS DR STE 200
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM T STROOP

P

07/02/2012

Electronic Signature of Signing Officer or Director_____
Date