

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N09756**

1. Entity Name

**SPYGLASS AT CRESCENT BEACH CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**8200 A1A S  
ST. AUGUSTINE FL 32084  
US**

**SPYGLASS  
8200 A1A S  
ST. AUGUSTINE FL 32084  
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

**59-2852836**

Applied For

Not Applicable

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

**EBERLING, ROBERT A  
1797 OLD MOULTRIE RD  
STE 107  
SAINT AUGUSTINE FL 32084**

Name

Street Address (P O Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

TITLE ☐ Delete  
NAME **BOYER, TIMOTHY**  
STREET ADDRESS **8200A1A S. #31**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE ☐ Delete  
NAME **FICHERA, VITORIA**  
STREET ADDRESS **8200 AIA SO #38**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE ☐ Delete  
NAME **SEC ADKINS, PATSY**  
STREET ADDRESS **PO BOX 3582**  
CITY-ST-ZIP **ST AUGUSTINE FL 32085**

TITLE ☐ Delete  
NAME **ALDRICH, LARRY**  
STREET ADDRESS **60 CONNEMARA RD**  
CITY-ST-ZIP **ROSWELL GA 30075**

TITLE ☐ Delete  
NAME **ALEX, THOMAS**  
STREET ADDRESS **6749 S 118TH ST**  
CITY-ST-ZIP **FRANKLIN WI 53132**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **U00000638932**  
CITY-ST-ZIP **02/28/07-80003-004 61.25**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Timothy P. Boyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/07* *386-329-4105*  
Date Deponent Phone #