

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 026 ****61.25

DOCUMENT # N09756

1. Entity Name

SPYGLASS AT CRESCENT BEACH CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

8200 A1A S
ST. AUGUSTINE FL 32084
US

Mailing Address

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 (10/07)

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 is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE
NAME D FICHERA, VITORIA ☐ Delete
STREET ADDRESS 8200 A1A SO #38
CITY-ST-ZIP SAINT AUGUSTINE FL 32080

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME T BOYER, TIM ☒ Change ☐ Addition
STREET ADDRESS 4708 BARTLETT CT.
CITY-ST-ZIP ELKTON, FL. 32033

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

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

TITLE
NAME PD ALDRICH, LARRY ☒ Change ☐ Addition
STREET ADDRESS 11331 MUSETTE CIRCLE
CITY-ST-ZIP ALPHARETTA, GA 30004

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

TITLE
NAME ☐ Change ☐ Addition
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 *Timothy P. Boyer* 2/11/08 984-826-4256