

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09756

FILED
Jan 21, 2009
Secretary of State

Entity Name: SPYGLASS AT CRESCENT BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8200 A1A S
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

8200 A1A S
ST. AUGUSTINE, FL 32080 US

Current Mailing Address:

SPYGLASS
8200 A1A S
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

SPYGLASS
8200 A1A S
ST. AUGUSTINE, FL 32080 US

FEI Number: 59-2852836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOYER, TIMOTHY
Address: 4708 BARTLETT CT
City-St-Zip: ELKTON, FL 32033

Title: D () Delete
Name: FICHERA, VITORIA
Address: 8200 A1A SO #38
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SEC () Delete
Name: ADKINS, PATSY
Address: PO BOX 3582
City-St-Zip: ST AUGUSTINE, FL 32085

Title: PD () Delete
Name: ALDRICH, LARRY
Address: 11331 MUSETTE CIRCLE
City-St-Zip: ALPHARETTA, GA 30004

Title: D () Delete
Name: ALEX, THOMAS
Address: 6749 S 118TH ST
City-St-Zip: FRANKLIN, WI 53132

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FORTINO, MICHAEL
Address: 19564 SATURNIA LAKES DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

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: TIMOTHY BOYER

T

01/21/2009

Electronic Signature of Signing Officer or Director

Date