

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740130

**FILED**  
**Feb 22, 2018**  
**Secretary of State**  
**CC7030278868**

**Entity Name:** CRESCENT BEACH - FOUR WINDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8130 A1A SOUTH  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

C/O SOVEREIGN & JACOBS PROPERTY MANAGEMENT  
461 A1A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

**FEI Number: 59-1920296**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LUMPKIN, ELLEN  
461 A1A BEACH BLVD  
ST 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:** ELLEN LUMPKIN

02/22/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CANTLIFFE, DAN  
Address        C/O SOVEREIGN & JACOBS  
                  461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TREASURER  
Name            HELMS, JIMMY  
Address        C/O SOVEREIGN & JACOBS  
                  461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            SECRETARY  
Name            TRAVIS, ROSA  
Address        C/O SOVEREIGN & JACOBS  
                  461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            DIRECTOR  
Name            JOSEPH, JOE  
Address        C/O SOVEREIGN & JACOBS  
                  461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            TREASURER  
Name            CLARK, DANA  
Address        C/O SOVEREIGN & JACOBS  
                  461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            DIRECTOR  
Name            TRELOAR, DONNA  
Address        C/O SOVEREIGN & JACOBS  
                  461 A1A BEACH BLVD.  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** DAN CANTLIFFE

**PRESIDENT**

02/22/2018

Electronic Signature of Signing Officer/Director Detail

Date