2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# 728338

Entity Name: CRESTON HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5930 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080

New Mailing Address:

5930 A1A SOUTH
SAINT AUGUSTINE, FL 32080

FEI Number: 59-1506624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, PHILIP
461 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

ALLIGOOD, JUDY
3942 A1A SOUTH
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: JUDY ALLIGOOD 01/17/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: STEVENSON, HERBERT
Address: 217 CECILIA COURT
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: PD ( ) Delete
Name: ALLEN, DON DR
Address: 5930 A1A SOUTH # 3-A
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: MUNOZ, MIKE
Address: 12350 CARRIDGE CAOSSING
City-St-Zip: JACKSONVILLE, FL 32258

Title: D ( ) Delete
Name: BEESE, ELIZABETH
Address: 1093 AIA BEACH BLVD PMB 374
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VD ( ) Delete
Name: BONNEWITZ, FRANK
Address: 433 E GORE ST
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: STEVENSON, HENRY
Address: 148 CATTAIL CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: P (X) Change ( ) Addition
Name: ALLEN, DON DR
Address: 5930 A1A SOUTH # 3-A
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S (X) Change ( ) Addition
Name: MUNOZ, MIKE
Address: 12350 CARRIDGE CROSSING COURT
City-St-Zip: JACKSONVILLE, FL 32258

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

Title: D (X) Change ( ) Addition
Name: SABATO, LORI
Address: 4809 NAHANE WAY
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY ALLIGOOD RA 01/17/2006
Electronic Signature of Signing Officer or Director Date