FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H45329** **(0)**

1. Corporation Name
CROSS CREEK REALTY, INC.

Principal Place of Business	Mailing Address
RT. 2 BOX 8000 SANTA ROSA BEACH FL 32459	RT. 2 BOX 8000 SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/04/1985
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 3409 W. Co. Hwy. 30A
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 3409 W. Co. Hwy. 30-A
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-2501479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JASIN, DAVID A.
ROUTE 2, BOX 8000
SUITE 2
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3409 W. Co. Hwy. 30-A
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	M	1.1 TITLE	M	☒ Change ☐ Addition
NAME	JASIN, DAVID A.	1.2 NAME	Jasin, David A.	
STREET ADDRESS	ROUTE 2 BOX 8000	1.3 STREET ADDRESS	3409 W. Co. Hwy. 30-A	
CITY ST ZIP	SANTA ROSA BEACH FL	1.4 CITY - ST - ZIP	Santa Rosa Beach, FL 32459	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	JASIN, BETTY C	2.2 NAME	Jasin, Betty C.	
STREET ADDRESS	ROUTE 2, BOX 800	2.3 STREET ADDRESS	3409 W. Co. Hwy. 30-A	
CITY - ST - ZIP	SANTA ROSA BEACH FL	2.4 CITY - ST - ZIP	Santa Rosa Beach, FL 32459	
TITLE	VTD	3.1 TITLE	VTD	☒ Change ☐ Addition
NAME	MATHEWS, LILIANA	3.2 NAME	Mathews, Liliana	
STREET ADDRESS	151 SW 91ST AVENUE, APT. #301	3.3 STREET ADDRESS	4000 Tower Side Terr. Apt. 1603 Quayside	
CITY ST ZIP	PLANTATION FL	3.4 CITY - ST ZIP	Miami, FL 33138	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY - ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty C. Jasin 4/28/95 (904)267-3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Betty C. Jasin

0411401 FP