2007 FOR PROFIT CORPORATION

Feb 05, 2007 8:00 am **Secretary of State ANNUAL REPORT** 02-05-2007 90098 015 ***150.00 DOCUMENT # J08872 CRESCENT LAKE HUNT CLUB, INC. PUBLITUE Mailing Address Principal Place of Business 2215 S. THIRD STREET - SUITE 101 2215 S. THIRD STREET - SUITE 101 JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FELNumber 59-2686936 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AHERN, FRED L. JR. Street Address (P.O. Box Number is Not Acceptable) 2215 S THIRD ST. #101 JACKSONVILLE BCH., FL 32250 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NÖW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition Fred L. Ahern, JR WALCHLE, KURT NAME NAME 2215 5. Third St, St 101 TACKSONVILLE BEACH, FL STREET ADDRESS 2215 S THIRD ST, STE 101 STREET ADDRESS JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE TITLE Fred L. Ahern, JR. 2215 S. Thirost, ste 101 JACKSONVILLE BEACH, FL 32250 ECKSTEIN, JOE NAME NAME 328 PABLO ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PONTE VEDRA, FL ☐ Defete TITLE ☐ Addition TITLE MERRILL, STEVE NAME NAME STREET ADDRESS 1010 HAGLER STREET ADORESS PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trusted ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appears with all other like empowered.

FILED