

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY 31 AM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J40445
1. Corporation Name

CROSBY LAKE ESTATES, INC.

**700001504577
-06/02/95--01033--021
***\$225.00 ***\$225.00**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 4655 Salisbury Road Suite 390 Jacksonville, Florida 32256		2a. Mailing Address PO Box 550587 Jacksonville, FL 32255	
3. Date incorporated or Qualified 10/30/86	3a. Date of Last Report		
4. FEI Number 59-1427243	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		
6. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent James V. Walker Walker & Koegler 4655 Salisbury Road Suite 390 Jacksonville, Florida 32256		10. Name and Address of New Registered Agent	
01 Name		02 Street Address (P.O. Box Number is Not Acceptable)	
03		04 City	
05		06 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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P S D	1.1 TITLE	☐ Change ☐ Addition
NAME	John DeSalvo	1.2 NAME	
STREET ADDRESS	1229 Skyline Drive	1.3 STREET ADDRESS	
CITY - ST - ZIP	Laguna Beach, California 92651	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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)(k), 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: John A. DeSalvo - Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-95

Date

**(904)
281-0300**

Office Phone