FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

CR2E034 (12/95)

DOCUMENT # J40445 (5)

1. Corporation Name
CROSBY LAKE ESTATES, INC.

Principal Place of Business	Mailing Address
4655 SALISBURY ROAD SUITE 390 JACKSONVILLE FL 32256 US	C/O POST OFFICE BOX 550587 JACKSONVILLE FL 32255-587 US

3. Date Incorporated or Qualified: 10/30/1986
3a. Date of Last Report: 05/31/1995
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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 One Independent Drive	26 Post Office Box 59
Suite, Apt. #, etc.: 22 Suite 3000	Suite, Apt. #, etc.: 27
City & State: 23 Jacksonville, FL	City & State: 28 Jacksonville, FL
Zip: 24 32202 — Country: 25 Duval	Zip: 29 32201 — Country: 30 Duval

9. Name and Address of Current Registered Agent

WALKER, JAMES V.
4655 SALISBURY RD.
SUITE 390
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Henderson, Sharon Roberts
82 Street Address (P.O. Box Number is Not Acceptable): One Independent Drive
83 Suite 3000
84 City: Jacksonville, FL 85 Zip Code 32202

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: SRHenderson 1-30-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	DESALVO, JOHN A	
STREET ADDRESS	1229 SKYLINE DRIVE	
CITY-ST-ZIP	LAGUNA BEACH CA 92651	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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. De Salvo – President 2-2-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #