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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:29

DOCUMENT # P94000066873 (8)

1. Corporation Name
LA COSTA ESTATES, INC.

Principal Place of Business	Mailing Address
5355 TOWN CENTER RD. SUITE 301 BOCA RATON FL 33486	5355 TOWN CENTER RD. SUITE 301 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2767 Vista Del Oro
22: Suite, Apt. #, etc.
23: City & State: Carlsbad CA.
24: Zip: 92009
25: Country: U.S.A

2a. Mailing Address
26: 2767 Vista Del Oro
27: Suite, Apt. #, etc.
28: City & State: Carlsbad CA.
29: Zip: 92009
30: Country: U.S.A

4. FEI Number: 65-0531042 ☐ 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

SCHWARTZ, ROBERT M
5355 TOWN CENTER ROAD
SUITE 301
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	DPT ☒ Change ☐ Addition
NAME	PARISER, PAUL S	12 NAME	PARISER, PAUL S.
STREET ADDRESS	5355 TOWN CENTER RD., STE. 301	13 STREET ADDRESS	2767 Vista Del Oro
CITY ST ZIP	BOCA RATON FL 33486	14 CITY ST ZIP	Carlsbad CA 92009
TITLE	S	21 TITLE	S ☒ Change ☐ Addition
NAME	REID, SUSAN	22 NAME	Reid, Lucie S.
STREET ADDRESS	5355 TOWN CENTER RD., STE. 301	23 STREET ADDRESS	2767 Vista Del Oro
CITY ST ZIP	BOCA RATON FL 33486	24 CITY ST ZIP	Carlsbad CA 92009
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 1, 11 or Block 11, if changed, or on an attachment with an address.

SIGNATURE: Lucie S. Reid Secretary 3-15-95 619 930-0813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lucie S. Reid

0276369 CP