

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

PROFIT
CORPORATION
Remodiment
1996



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

DOCUMENT # **P95000054336 (9)**

1. Corporation Name
CROSS BAY, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 4:15

Principal Place of Business
**5051 CASTELLO DRIVE
SUITE 200
NAPLES FL 33940**

Mailing Address
**5051 CASTELLO DRIVE
SUITE 200
NAPLES FL 33940**

3. Date Incorporated or Qualified 07/10/1995	3a. Date of Last Report
4. FEI Number 65-0593572	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 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.
22 City & State	2c City & State
23 Zip	2d Country
24	25
26	27
28	29
30	

9. Name and Address of Current Registered Agent

**AMY H TAYLOR, CPA
5051 CASTELLO DRIVE
SUITE 201
NAPLES FL 33940**

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 607.0902 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]* **CPA**

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

(NOTE: Registered Agent signature required when reinstating)

11/30/96

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	President
STREET ADDRESS	Stephen T Popper
CITY-ST-ZIP	5051 Castello Dr St 200
	Naples FL 33940
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	900001999599--3
1.4 CITY-ST-ZIP	-11/07/96-01101-020
2.1 TITLE	***175.00 ***105.00
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	900001999599--3
3.2 NAME	-11/07/96-01101-021
3.3 STREET ADDRESS	***200.00 ***200.00
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)(a), 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **STATE REQUIRED**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

941-263-3666

CP25034 (12/95)