

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N46293 (9)

1. Corporation Name
CHRISTINA WOODS PHASE 9, UNIT 5 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **3900 S. FLORIDA AVENUE LAKELAND FL 33813-1108**
Mailing Address: **3900 S. FLORIDA AVENUE LAKELAND FL 33813-1108**

3. Date Incorporated or Qualified: **12/02/1991**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-3142928	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
JAMESON, EDWARD W 6969 HAYTER DR LAKELAND FL 33813		81. Name	Joe D. Cesare		
		82. Street Address (P.O. Box Number is Not Acceptable)	6922 Hayter Dr.		
		83.			
		84. City	Lakeland	85. State	FL
			86. Zip Code	33813	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3-17-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GENTILE, SCOTT	1.2 NAME	Joe D. Cesare		
STREET ADDRESS	6885 HAYTER DR	1.3 STREET ADDRESS	6922 Hayter Dr.		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33813		
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GAA, DANIEL	2.2 NAME	Judy Mears		
STREET ADDRESS	6895 HAYTER DR	2.3 STREET ADDRESS	6921 Hayter Dr.		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33813		
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMESON, EDWARD W	3.2 NAME	Dale Rossman		
STREET ADDRESS	6969 HAYTER DR	3.3 STREET ADDRESS	6977 Hayter Dr.		
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33813		
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLAUSSEN, ANN	4.2 NAME	Joan Barnes		
STREET ADDRESS	6919 HAYTER DR	4.3 STREET ADDRESS	6818 Hayter Dr.		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33813		
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HESTER, MARY LUISE	5.2 NAME	Jamie Pollard		
STREET ADDRESS	6874 HAYTER DR	5.3 STREET ADDRESS	6928 Hayter Ln.		
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 33813		
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Joan M. Barnes** DATE: **2-16-96** DAYTIME PHONE #: **648-1371**

CR2E037 (12/95)