FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N46293

CHRISTINA WOODS PHASE 9, UNIT 5 HOMEOWNERS ASSOC IATION, INC.

Principal Place of Business Mailing Address 3900 S. FLORIDA AVENUE 3900 S. FLORIDA AVENUE LAKELAND FL 33813-1108 LAKELAND FL 33813-1114 3. Date Incorporated or Qualified 12/02/1991 03/21/1996 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 59-3142928 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes X No 25 30 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HOFFMAN Street Address (P.O. Box Number is Not Acceptable) DI CESARE, JOE 6922 HAYTER DR 6890 HAYter 83 LAKELAND FL 33813 84 Zip Code AKLAND 33513 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. C-Hoffing and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1111118 Change Addition D LEONA HOFFMAN 6890 HAYTER DRIVE DI CESARE, JOE NAME 1.2 NAME 6922 HAYTER DR STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33813 LAKELAND, Fl. 33813 1.4 CITY - ST - ZIP CHY - \$1 - 7(P DELETE THILE ח 2 1 TITLE **∑** Change Addition ROB BERINGER 6908 WILDERYLAND MEARS, JUDY NAME 2.2 NAME 6921 HAYTER DR STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 33813 AKCIAND, FI 33813 CHY+ST-ZIP 2 4 CITY-ST-ZIP DELETE TILLE 3 1 TITLE Change Addition MARK WINDLAND ROSSMAN, DALE NAME 32 NAME 6983 +JAYTER DRIVE 6977 HAYTER DR STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF LAKELAND FL 33813 3.4. CITY - ST - ZIP DELETE 4 1 TITLE Change Addition GRACE D' MOTTA LOSS HAYTER DRIVE BARNES, JOAN NAME 4.2 NAME STREET ADDRESS 6818 HAYTER DR 4.3 STREET ADDRESS LAKELAND FL 33813 LAKELAWO F. 33813 CITY - ST - ZIP 4.4 CHY - ST - ZIP DELETE TULE 51 TITLE Channe Addition POLLARD, JAMIE NAME 52 NAME BEND BURTON STREET ADDRESS 6928 HAYTER DR 5.3 STREET ADDRESS LAKELAND FL 33813 CITY - ST - ZIP 54 CITY-ST-ZIP DELETE THE: E 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CiTY - ST - ZIP 14. I do hereby certify that the information supplied with this filing 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 annual report or director of 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

SIGNATURE:

appears in Block 12 or Blo

GRACE M.D. MOTTH 2-12-97 648-0968

FILED

Feb 25 1997 8:00am

Secretary of State