2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

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DOCUMENT # 753947 1. Entity Name CHRISTINA HOMEOWNERS ASSOCIATION, INC.						04-19-200	_		
Principal Plac	e of Business	Mailing Address		7	უ აკა	10 - -			
P.O. BOX 6461 P.O. BOX 6461									
LAKELAND, FL 33807-3461 US LAKELAND, FL 33807-346			3461 U	S					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1 1083 040	EII na IIII n I o jii I inii Ii	Şi bibli qilki b	JUIN EIUM DIUM U		
Suite, Apt. #, etc.		Suite, Apt. #, etc							
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City & Stat	е	City & State			4. FEI Number			Δ	pplied For
					59-2841	745		1	lot Applicable
Zip	Country	Zip	Cou	ntry	5. Certificate o	of Status Desired		\$8.75 Ac	
	6. Name and Address of Current	Benistered Annual			<u></u>			Fee Requir	ed ————
	o. Name and Address of Continu	Kedistelen Adelit		Name: Z		Address of New		Agent	
-WILSON, I	LOU ELLE N		1	Kath	Leen A	4 Kinsoc			
	COLLEGE AVENUE		1	Street Address (P.O. Box Number	is Not Acceptab	le)		
_RUSKIN, T	L 33570-		ŀ	128	iar >51	vare So	17th		
				City	1. 1	·····	FI	Zip Co	de la
R The above	named entity submits this statement for	ar the purpose of changing its		Lake	lancl	in the Otals of F			
the obligat	tions of registered agent.	or the purpose of changing its i	registere	a onice or register	ed agent, or both	, in the State of F	iorida. I am	ı tamiliar with	i, and accept
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SIGNATURE	Doubles Mr.	tenne				Upril	12.	200 T	
	Signature, typed or printed name of registered agent	and little if applicable (NOTE	Registered	Agent signature required	I when reinstating)	- 100-0	DATE		
	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered	Agent signature required	I when reinstating)	100	DATE	-	
	Filing Fee is \$61.25	9. Election Cam	ıpaign Fi	nancing	\$5.00 May Be	,	DATE Wake ched	k payable	
			ıpaign Fi	nancing		,	DATE Wake ched		
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a nereox certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter [19, Florida Statutes.] I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

Kellen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/07 863-646-4886