


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2007 90191 036 ****61.25

DOCUMENT # 753947					
1. Entity Name CHRISTINA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 6461 LAKELAND, FL 33807-3461 US			Mailing Address P.O. BOX 6461 LAKELAND, FL 33807-3461 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03202007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2841745	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, LOU ELLEN 409 EAST COLLEGE AVENUE RUGKIN, FL 33570			Name <i>Kathleen Atkinson</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>138 Oak Square South</i>		
			City <i>Lakeland</i> FL Zip Code <i>33813</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Kathleen Atkinson</i>		DATE <i>April 12, 2007</i>			
Signature, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAMBONE, CARMEN		NAME	<i>David Thornston</i>	
STREET ADDRESS	123 WEST CHRISTINA BLVD		STREET ADDRESS	<i>6342 Oak Square South</i>	
CITY-ST-ZIP	LAKE LAND, FL 33813		CITY-ST-ZIP	<i>Lakeland, FL 33813</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEZAYAS, BRUNO		NAME	<i>Wayne Berridge</i>	
STREET ADDRESS	71 WOODSIDE DR		STREET ADDRESS	<i>152 Woodside Drive</i>	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	<i>Lakeland, FL 33813</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THYE, SCOTT		NAME	<i>Kathleen Atkinson</i>	
STREET ADDRESS	231 BIRCH LANE		STREET ADDRESS	<i>138 Oak Square South</i>	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	<i>Lakeland, FL 33813</i>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, JOHN		NAME	<i>Mary Gail Carl</i>	
STREET ADDRESS	106 SHADOW LANE		STREET ADDRESS	<i>245 Ash Lane</i>	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	<i>Lakeland, FL 33813</i>	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	D/V/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAGALA, AUGUSTINE		NAME	<i>Glenn Clover</i>	
STREET ADDRESS	6223 PINE LANE		STREET ADDRESS	<i>130 Oak Square South</i>	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	<i>Lakeland, FL 33813</i>	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLAM, MARIE		NAME	<i>Kellam, Marie</i>	
STREET ADDRESS	113 SHADOW LANE		STREET ADDRESS	<i>113 Shadow Lane</i>	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	<i>Lakeland, FL 33813</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Marie Kellam</i>		DATE: <i>4/14/07</i>		DAYTIME PHONE: <i>863-646-4886</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	