

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753947

FILED
Apr 01, 2009
Secretary of State

Entity Name: CHRISTINA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6461
LAKELAND, FL 338073461 US

New Principal Place of Business:

113 SHADOW LANE
LAKELAND, FL 33813 US

Current Mailing Address:

P.O. BOX 6461
LAKELAND, FL 338073461 US

New Mailing Address:

FEI Number: 59-2841745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLAM, MARIE
113 SHADOW LANE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PISANESKI, ALBERT
Address: 6323 OAK SQ WEST
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: BERRIDGE, WAYNE
Address: 152 WOODSIDE DR
City-St-Zip: LAKELAND, FL 33813

Title: DS () Delete
Name: ATKINSON, KATHLEEN
Address: 138 OAK SQUARE S
City-St-Zip: LAKELAND, FL 33813

Title: DT () Delete
Name: EARL, MARY GAIL
Address: 245 ASH LANE
City-St-Zip: LAKELAND, FL 33813

Title: DP () Delete
Name: KELLAM, MARIE
Address: 113 SHADOW LANE
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: BERRIDGE, WAYNE
Address: 152 WOODSIDE DR
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JENKINS, AL
Address: 103 W. CHRISTINA BLVD.
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN ATKINSON

DS

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date