2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
03-12-2007 90367 013 ****61.25

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1. Entity Name
CHRISTINA BOULEVARD EAST MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
201 CHRISTINAM BOULEVARD LAKELAND, FL 33813	201 CHRISTINAM BOULEVARD LAKELAND, FL 33813

01172007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
P.O. Box 7324	P.O. Box 7324
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33807 Country: U.S.A.	Zip: 33807 Country: U.S.A.

4. FEI Number: 59-3620702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOFFMAN, L.K. 201 CHRISTINAM BOULEVARD LAKELAND, FL 33813	Name: John W. Smith Street Address (P.O. Box Number is Not Acceptable): 6923 Lacy Drive City: Lakeland FL Zip Code: 33813

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: John W Smith 1-31-07
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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOFFMAN, L.K. 201 CHRISTINA BLVD. LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Dan Maloney 6970 Tiffany Oaks Drive Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOFFMAN, BARBARA L 201 CHRISTINA BLVD. LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Director Vincent Sentner 6856 Crescent Oaks Drive Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FAULKNER, W.O. 201 CHRISTINA BLVD. LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, Director Janie Wey 465 Christina Blvd East Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer, Director John Smith 6923 Lacy Drive Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Tom Davis 232 Crescent Lake Ct. Lakeland, FL 33813	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director David Kupec 520 Crescent Hills Drive Lakeland, FL 33813	☐ Change ☒ Addition

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: John W Smith John W Smith 3-7-07 863-647-9499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #