## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 05, 2008 8:00 am Secretary of State **DOCUMENT # N00000000215** 05-05-2008 90258 015 \*\*\*\*61.25 CHRISTINA BOULEVARD EAST MASTER ASSOCIATION. INC. Principal Place of Business Mailing Address P.O. BOX 7324 P.O. BOX 7324 LAKELAND, FL 33807 LAKELAND, FL 33807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chq-NP CR2E037 (12/06) City & State City & State Applied For FEI Number 59-3620702 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, JOHN W 6923 LACY DRIVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33813 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD s : 3 ☐ Delete TITLE ☐ Change ☐ Addition MALONEY, DAN NAME NAME STREET ADDRESS 6970 TIFFANY OAKS DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP **VPD** TITLE ☐ Detele TITLE ☐ Change ☐ Addition SENTNER, VINCENT NAME NAME STREET ADDRESS 6856 CRESCENT OAKS DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition WEY, JANIE NAME NAME STREET ADDRESS 465 CHRISTINA BLVD EAST STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITLE TD ☐ Delete TITLE ☐ Addition ☐ Change SMITH, JOHN NAME NAME STREET ADDRESS 6923 LACY DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP Director mian Smith TITLE Delete TITLE Change **Addition** Brian Smith 225 East Lemon St. NAME DAVIS, TOM NAME 232 CRESCENT LAKE CT STREET ADDRESS STREET ADDRESS CITY-ST-Z(P LAKELAND, FL 33813 CITY-ST-ZIP Lakeland, FL 33801 TITLE ☐ Defete TITLE ☐ Change Addition KOPEC, DAVID NAME MAME STREET ADDRESS 520 CRESCENT HILLS DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP 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 upport 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.

**FILED**