

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000215

FILED
Apr 29, 2009
Secretary of State

Entity Name: CHRISTINA BOULEVARD EAST MASTER ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 7324
LAKELAND, FL 33807

New Principal Place of Business:

6923 LACY DRIVE
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 7324
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 59-3620702 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, JOHN W
6923 LACY DRIVE
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: PD () Delete
Name: MALONEY, DAN
Address: 6970 TIFFANY OAKS DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: VPD () Delete
Name: SENTNER, VINCENT
Address: 6856 CRESCENT OAKS DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: SD () Delete
Name: WEY, JANIE
Address: 465 CHRISTINA BLVD EAST
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: SMITH, JOHN
Address: 6923 LACY DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: SMITH, BRIAN
Address: 225 EAST LEMON ST.
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: KOPEC, DAVID
Address: 520 CRESCENT HILLS DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: JACKSON, WINK
Address: 6623 CRESCENT LAKE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Change () Addition
Name: HILL, BENNETT
Address: 405 EAST CHRISTINA BOULEVARD
City-St-Zip: LAKELAND, FL 33813

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

Title: D (X) Change () Addition
Name: DANIEL, RON
Address: 6866 CRESCENT OAKS CIRCLE
City-St-Zip: LAKELAND, FL 33813

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

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: JOHN W. SMITH

DT

04/29/2009

Electronic Signature of Signing Officer or Director

Date