

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90210 032 ****61.25

DOCUMENT # N03000001623					
1. Entity Name CHRISTIANA GARDENS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 190 N WESTMONTE DR STE 100 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 190 N WESTMONTE DR STE 100 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0061678	
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		
Campbell, Marilyn 190 N. Westmonte Drive Suite 100 Altamonte Springs, FL 32714			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VPD NAME SORENSEN, JOHN STREET ADDRESS 313 GARDEN OAK CT CITY-ST-ZIP APOPKA, FL 32703	<input type="checkbox"/> Delete				
TITLE SD NAME WELLS, DEREK STREET ADDRESS 330 GARDEN OAK CT CITY-ST-ZIP APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete				
TITLE PD NAME HUGHES, SYLVIA STREET ADDRESS 825 HAVEN OAK CT CITY-ST-ZIP APOPKA, FL 32703	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>Sylvia Hughes</i> SYLVIA HUGHES 4/12/06 407579-8344					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40064140



03242006 Chg-NP CR2E037 (11/05)

4. FEI Number
26-0061678

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
VPD
NAME
SORENSEN, JOHN
STREET ADDRESS
313 GARDEN OAK CT
CITY-ST-ZIP
APOPKA, FL 32703

☐ Delete

TITLE
SD
NAME
WELLS, DEREK
STREET ADDRESS
330 GARDEN OAK CT
CITY-ST-ZIP
APOPKA, FL 32703

☒ Delete

TITLE
PD
NAME
HUGHES, SYLVIA
STREET ADDRESS
825 HAVEN OAK CT
CITY-ST-ZIP
APOPKA, FL 32703

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
S/T/D
NAME
Earlywine, Lisa
STREET ADDRESS
802 Haven Oak Ct
CITY-ST-ZIP
APOPKA, FL 32703

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: *Sylvia Hughes* **SYLVIA HUGHES** 4/12/06 407579-8344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #