


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

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 012 ****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
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60024615



2. Principal Place of Business - No P.O. Box # 860 North S.R. 434	3. Mailing Address 860 North S.R. 434
Suite, Apt. #, etc. Suite 1009	Suite, Apt. #, etc. Suite 1009
City & State Altamonte Springs, FL	City & State Altamonte Springs, FL
Zip 32714	Country USA

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-0061678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMPBELL, MARILYN C/O CENTRAL PROPERTY MANAGEMENT 190 N. WESTMONTE DR., STE 100 ALTAMONTE SPRINGS, FL 32714	
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7. Name and Address of New Registered Agent Campbell, Marilyn C/O Central Property Management, Inc. 860 North S.R. 434, Suite 1009 Altamonte Springs FL 32714	
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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: <u>Marilyn Campbell</u> Signature, typed or printed name of registered agent and title if applicable.	DATE: <u>3/25/08</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTIN, TERESA 346 GARDEN OAK CT APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/SD Martin, Teresa 346 Garden oak ct Apopka, FL 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD EARLYWINE, LISA 802 HAVEN OAK CT APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Michaud, Barry 338 Garden oak ct Apopka, FL 32703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUGHES, SYLVIA 825 HAVEN OAK CT APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Sylvia Hughes</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>4/9/08</u> Daytime Phone #: <u>407 814 8804</u>