FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 15 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08223 (2)

1. Corporation Name
CHRISTINA OAKS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
709 SAGEWOOD DR. LAKELAND FL 33813 US	P O BOX 7153 LAKELAND FL 33813-7153 US

3. Date Incorporated or Qualified: 03/18/1985
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-2569770 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 6230 Butternut Drive
22 Suite, Apt. #, etc.
23 City & State: Lakeland, FL ~~33567~~ 3383
24 Zip ~~33567~~ 3383
25 Country: Polk

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FEARNEY, MICHAEL
6423 BUTTERNUT DR.
LAKELAND, FL FL 33813

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE PD	Rhoda Hemenover	☒ Change ☐ Addition
NAME	HALEY, STEVEN	1.2 NAME		
STREET ADDRESS	709 SAGEWOOD DR.	1.3 STREET ADDRESS	6230 Butternut Drive	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL ~~33567~~ 3383	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	RAHMAN, EMIR	2.2 NAME	James Luffman	
STREET ADDRESS	6345 BEECHNUT DR.	2.3 STREET ADDRESS	6417 Butternut Drive	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL ~~33567~~ 3383	
TITLE	VPD	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	MUSTARD, REX	3.2 NAME	Tyrone Kennedy	
STREET ADDRESS	6359 BUTTERNUT DR.	3.3 STREET ADDRESS	6345 Beechnut Drive	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL ~~33567~~ 3383	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	FEARNEY, MICHAEL	4.2 NAME		
STREET ADDRESS	6423 BUTTERNUT DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL ~~33567~~ 3383	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

(813)752-3383

SIGNATURE: Michael Fearney MIchael Fearney, Secretary March 1, 1995 ~~646-0871~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097128