

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08223 (2)

1. Corporation Name

CHRISTINA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

6230 BUTTERNUT DR
LAKELAND FL 33813
US

Mailing Address

P O BOX 7153
LAKELAND FL 33813-7153
US

3. Date Incorporated or Qualified
03/18/1985

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~6314 BUTTERNUT DR~~

26 Suite, Apt. #, etc.

22 P.O. Box 7153

27 Suite, Apt. #, etc.

23 LAKE LAND FL

28 City & State

24 33807 25 USA

29 30 City & State

4. FEI Number
59-2569770

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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 STEPHEN C. HALEY
82 Street Address (P.O. Box Number Is Not Acceptable) 709 SAGEWOOD DRIVE
83
84 City LAKE LAND FL 85 Zip Code 33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Stephen C. Haley

STEPHEN C. HALEY

5/10/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HEMENOVER, RHODA	6230 BUTTERNUT DR	LAKELAND FL	<input checked="" type="checkbox"/>
TD	LUFFMAN, JAMES	6417 BUTTERNUT DR	LAKELAND FL	<input checked="" type="checkbox"/>
VPD	KENNEDY, TYRONE	6345 BEECHNUT DR	LAKELAND FL	<input checked="" type="checkbox"/>
SD	FEARNEY, MICHAEL	6423 BUTTERNUT DR.	LAKELAND FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
MITZ PERAY	MITZ PERAY	6314 BUTTERNUT DR	LAKELAND, FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	DAN LEE	6320 BUTTERNUT DR	LAKELAND, FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER-DIRECTOR	STEPHEN HALEY	709 SAGEWOOD DR	LAKELAND, FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY-DIRECTOR	Gloria Murphy	6340 BUTTERNUT DR.	LAKELAND, FL 33813	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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.

SIGNATURE:

Stephen C. Haley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

941-646-5809

Daytime Phone #

CR2E037 (12/95)