

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N08223 (2)
1. Corporation Name
CHRISTINA OAKS HOMEOWNERS ASSOCIATION, INC.Principal Place of Business Mailing Address
P.O. BOX 7153 P.O. BOX 7153
LAKELAND FL 33807 LAKELAND FL 33807-7153
US US

3. Date Incorporated or Qualified 03/18/1985 3a. Date of Last Report 05/23/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2569770	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

HALEY, STEPHEN
709 SAGEWOOD DR.
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name	Jillanne S. Smith
82 Street Address (P.O. Box Number is Not Acceptable)	6259 Butternut Dr
83	
84 City	Lakeland
85 Zip Code	FL 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

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

(NOTE: Registered Agent signature required when reinstating)

4/29/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, MITZI	
STREET ADDRESS	6314 BUTTERNUT DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEE, DAN	
STREET ADDRESS	6320 BUTTERNUT DR	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HALEY, STEPHEN	
STREET ADDRESS	709 SAGEWOOD DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, GLENN	
STREET ADDRESS	6340 BUTTERNUT DR.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President - PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dan Lee	
1.3 STREET ADDRESS	6320 Butternut Dr.	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	
2.1 TITLE	Vice President - VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Deena Davie	
2.3 STREET ADDRESS	6309 Thousand Oaks Dr	
2.4 CITY-ST-ZIP	Lakeland, FL 33813	
3.1 TITLE	Treasurer - T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jillanne S. Smith	
3.3 STREET ADDRESS	6259 Butternut Dr	
3.4 CITY-ST-ZIP	Lakeland, FL 33813	
4.1 TITLE	Secretary - SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Susan Passino	
4.3 STREET ADDRESS	6253 Butternut Dr	
4.4 CITY-ST-ZIP	Lakeland, FL 33813	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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.

SIGNATURE:

Jillanne S. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/29/97 941
688-1188 x2297
Date Daytime Phone # 0062915

CR2E037 (9/96)