## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # N08223** May 05, 2000 8:00 am 1. Entity Name Secretary of State CHRISTINA OAKS HOMEOWNERS ASSOCIATION. INC. 05-05-2000 90067 046 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 7153 P.O. BOX 7153 LAKELAND FL 33807-7153 LAKELAND FL 33807 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2569770 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, JILLANNE S 6259 BUTTERNUT DR LAKELAND FL 33813 Zip Code *338 (3-3606* 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 4-24-2000 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE Delete TITLE NAME 6272 BUTTERNUT NAME DAVIE, DEEA STREET ADDRESS STREET ADDRESS 6309 THOUSAND OAKS DRIVE 9KELAND, FL 33813 - 3606 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Delete TITLE ٧D TITLE DWARD ELLISON NAME KOLAR, PAT NAME 302 BUTTERNUT DR STREET ADDRESS STREET ADDRESS 6405 BUTTERNUT DRIVE CITY-ST-ZIP 33813-3606 CITY-ST-ZIP LAKELAND FL 33813 KELANDA Change \_\_\_ Addition-**2** Dèleté TITLE TITLE OGER W. PARES NAME SMITH, JILLANNE S NAME 625 BUTTERNUT PL STREET ADDRESS STREET ADDRESS 6259 BUTTERNUT DR LA-KELAND, FL 338/3-3606 CITY-ST-ZIP CITY-ST-ZIP Lakeland FL 33813 ELIZABETH R. RENS Change ☐ Addition elete SD TITLE TITLE NAME 6326 BUTTERNUT DR NAME FARRIOR, THERESE STREET ADDRESS STREET ADDRESS 6437 BEECHNUT DRIVE CAKELAND, FL 338 B CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 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.