

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90166 034 \*\*\*\*61.25

**DOCUMENT # N08223**

1. Entity Name  
**CHRISTINA OAKS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 7153  
LAKELAND, FL 33807 US

Mailing Address  
P.O. BOX 7153  
LAKELAND, FL 33807 US

**20048217**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2569770

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WERTZ, GAYLE A~~  
~~6429 BUTTERNUT DRIVE~~  
~~LAKELAND, FL 33813~~

Name **W.M. R. HARKINS, EA**

Street Address (P.O. Box Number is Not Acceptable)  
**5620 U.S. HWY 98 N**

City **LAKELAND**

**FL**

Zip Code **33809**

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

*W.M. R. Harkins, EA*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **8 D** ☐ Delete  
NAME **BENDICKSON, SHAWN**  
STREET ADDRESS **6326 BUTTERNUT DR.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **HARKINS, W.M. R.** ☐ Change ☒ Addition  
NAME **5620 US HWY 98 N**  
STREET ADDRESS **LAKELAND, FL 33809**  
CITY-ST-ZIP

TITLE **TS** ☐ Delete  
NAME **WERZ, GAYLE A**  
STREET ADDRESS **6429 BUTTERNUT DRIVE**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **PD** ☐ Change ☒ Addition  
NAME **SMITH GREGORY**  
STREET ADDRESS **6259 BUTTERNUT DR.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **PD** ☒ Delete  
NAME **HAHN, JIM**  
STREET ADDRESS **6241 THOUSAND OAKS DR.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **VP-D** ☐ Change ☒ Addition  
NAME **REEVES MICHAEL**  
STREET ADDRESS **6417 BUTTERNUT DR.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **D** ☒ Delete  
NAME **BAER, DALE**  
STREET ADDRESS **6353 BUTTERNUT DR.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

*W.M. R. Harkins, Treasurer*

**4/22/05 863-853-2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #