



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90005 047 \*\*\*\*61.25

<b>DOCUMENT # N08223</b> 1. Entity Name <b>CHRISTINA OAKS HOMEOWNERS ASSOCIATION, INC.</b>						
Principal Place of Business <b>P.O. BOX 7153</b> <b>LAKELAND, FL 33807 US</b>			Mailing Address <b>P.O. BOX 7153</b> <b>LAKELAND, FL 33807 US</b>			
2. Principal Place of Business <b>5600 U.S. Hwy 98N</b> Suite, Apt. #, etc. <b>SUITE # 1</b>		3. Mailing Address Suite, Apt. #, etc. <b>PO BOX 92103</b> City & State <b>LAKELAND FL</b>		<b>66014470</b> 		
City & State <b>LAKELAND, FL</b> Zip <b>33809</b>		Country <b>USA</b>		4. FEI Number <b>59-2569770</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent <b>HARKINS, WM R</b> <b>5620 US HWY 98N</b> <b>LAKELAND, FL 33809</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5600 U.S. 98 N.</b> <b>SUITE # 1</b> City <b>LAKELAND</b>			
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 <u><i>WM R Harkins</i></u> <b>Treas</b>			DATE <b>4/28/06</b>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE <b>T</b> NAME <b>HARKINS, W.M. R</b> STREET ADDRESS <b>5620 US HWY 98N</b> CITY-ST-ZIP <b>LAKELAND, FL 33809</b>	<input type="checkbox"/> Delete					
TITLE <b>WERTZ, GAYLE A</b> NAME <b>WERTZ</b> STREET ADDRESS <b>6429 BUTTERNUT DRIVE</b> CITY-ST-ZIP <b>LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete					
TITLE <b>PD</b> NAME <b>SMITH, GREGORY</b> STREET ADDRESS <b>6259 BUTTERNUT DR</b> CITY-ST-ZIP <b>LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete					
TITLE <b>VPO</b> NAME <b>REEVES, MICHAEL</b> STREET ADDRESS <b>6417 BUTTERNUT DR</b> CITY-ST-ZIP <b>LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete					
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Delete					
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Delete					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>						
TITLE <b>T</b> NAME <b>HARKINS, W.M. R.</b> STREET ADDRESS <b>5600 US 98 N.</b> CITY-ST-ZIP <b>LAKELAND FL.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <b>DVD</b> NAME <b>WERTZ, GAYLE</b> STREET ADDRESS <b>6429 BUTTERNUT DR</b> CITY-ST-ZIP <b>LAKELAND, FL 33813</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <b>PRES-DIR</b> NAME <b>REEVES, MICHAEL</b> STREET ADDRESS <b>6417 BUTTERNUT DR</b> CITY-ST-ZIP <b>LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE <b>D. JP.</b> NAME <b>GARCIA, THERESA</b> STREET ADDRESS <b>6205 THOUSAND OAKS DR</b> CITY-ST-ZIP <b>LAKELAND, FL 33813</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>WM R Harkins</i></u> <b>Treas</b>						
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date <b>4/28/06</b> Daytime Phone # <b>863-853-2001</b>						