

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90012 007 ****61.25

DOCUMENT # N08223 1. Entity Name CHRISTINA OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5600 US HWY 93 N STE 1 LAKELAND, FL 33809 US			Mailing Address POB 92108 LAKELAND, FL 33804 US		
2. Principal Place of Business - No P.O. Box # 1507 S. Alexander St.		3. Mailing Address P.O. Box 3566			
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc.			
City & State Plant City, FL		City & State Plant City, FL		4. FEI Number 59-2569770	
Zip 33563		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent HARKINS, WM R 5600 US 98 N STE 1 LAKELAND, FL 33804		7. Name and Address of New Registered Agent Name Professional Property Mgmt. Svc. Street Address (P.O. Box Number is Not Acceptable) 1507 S. Alexander St., Suite 103 City Plant City, FL Zip Code 33563			
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>Gail C McGrath</u> <u>Theresa Garcia</u> 3/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	T HARKINS, W.M. R 5600 US 93 N LAKELAND, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Theresa Garcia 6205 Thousand Oaks Dr. Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WERZ, GAYLE A 6429 BUTTERNUT DR LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Roy Sanford 719 Butternut Place Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REEVES, MICHAEL 6417 BUTTERNUT DR LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Valerie Peterson 6311 Butternut Dr. Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GARCIA, THERESA 6205 THOUSADN OAKS DR LAKELAND, FL 33813		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Brandon Webb 6351 Beechnut Dr. Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Theresa Garcia Theresa Garcia 3/25/07 7090928 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40079120

