

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08223

FILED
Mar 12, 2008
Secretary of State

Entity Name: CHRISTINA OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1507 S ALEXANDER ST
STE 103
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3566
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 59-2569770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFESSIONAL PROPERTY MGMT. SVC.
1507 S ALEXANDER ST
SUITE 103
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, THERESA
Address: 6205 THOUSAND OAKS DR.
City-St-Zip: LAKELAND, FL 33813

Title: V () Delete
Name: SANFORD, ROY
Address: 719 BUTTERNUT PLACE
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: PETERSON, VALERIE
Address: 6311 BUTTERNUT DR
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: LITTLETON, WILLIAM
Address: 6340 BEECHNUT DR
City-St-Zip: LAKELAND, FL 33813

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SANFORD, ROY
Address: 719 BUTTERNUT PLACE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LATIMER, ROBERT
Address: 6247 BUTTERNUT DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Change (X) Addition
Name: BIRGE, CHARLES
Address: 6406 BUTTERNUT DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CALHOUN

MGR

03/12/2008

Electronic Signature of Signing Officer or Director

Date