

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90126 032 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2569770**

Applied For

Not Applicable

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

ORLEBEKE, NIKKI
704 BUTTERNUT PLACE
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Nikki Orlebeke

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-7-03

FILE NOW: FEE \$S \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FRANZ, GARY	
STREET ADDRESS	709 SAGEWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAY, DOUGLAS	
STREET ADDRESS	715 SAGEWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input type="checkbox"/> Delete
NAME	ORLEBEKE, NIKKI	
STREET ADDRESS	704 BUTTERNUT PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PUZON, DOLLY	
STREET ADDRESS	6423 BUTTERNUT DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Field	
STREET ADDRESS	6230 Butternut Drive	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Orlebeke	
STREET ADDRESS	704 Butternut Place	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN Field	
STREET ADDRESS	6230 Butternut Drive	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nikki Orlebeke* **SIGNATURE REQUIRED** *Nikki Orlebeke* **4-7-03** *863-619-7047*

CR2E037 (10/02)