

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15013

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** PHASE 9, CHRISTINA WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 5364  
LAKELAND, FL 338075364 US

**New Principal Place of Business:**

6639 HUNTERFIELD RD.  
LAKELAND, FL 33813 US

**Current Mailing Address:**

PO BOX 5364  
LAKELAND, FL 338075364 US

**New Mailing Address:**

**FEI Number:** 59-2899215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, KEN  
6616 HAYTER DRIVE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

GRIFFIN, PHIL  
6639 HUNTERFIELD RD.  
LAKELAND, FL 33813 US

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: PHIL GRIFFIN

04/17/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRIFFIN, PHIL  
Address: 6639 HUNTERFIELD RD.  
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete  
Name: VAUGHN, WILLIE  
Address: 567 PENINSULAR DR.  
City-St-Zip: LAKELAND, FL 33813

Title: SD ( ) Delete  
Name: SKIPPER, JEFF  
Address: 6714 HAYTER DR.  
City-St-Zip: LAKELAND, FL 33813

Title: TDD ( ) Delete  
Name: POWELL, PAMELA  
Address: 6708 HAYTER DR.  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PHIL GRIFFIN

TREA

04/17/2007

Electronic Signature of Signing Officer or Director

Date