FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22216 (8)

1. Corporation Name

CRISTINA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%PAT ACHORN 11304 JIM COURT RIVERVIEW FL 33569 US	%J.M. BIGGERS 10112 ALLENWOOD DR. RIVERVIEW FL 33569 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1987
3a. Date of Last Report: 04/13/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10104 Allenwood Drive	26 Same As Above
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Riverview, FL	28 City & State
24 Zip: 33569 25 Country: Hillsborough	29 Zip 30 Country

9. Name and Address of Current Registered Agent

BIGGERS, JAMES M.
10112 ALLENWOOD DR.
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James M. Biggers — James M. Biggers — January 31, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☐ Change ☐ Addition
NAME	BIGGERS, JAMES M.	1.2 NAME	Biggers James M.	
STREET ADDRESS	10112 ALLENWOOD DR.	1.3 STREET ADDRESS	10112 Allenwood Dr.	
CITY-ST-ZIP	RIVERVIEW FL	1.4 CITY-ST-ZIP	Riverview FL. 33569	
TITLE	V	2.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	LEE, LEROY	2.2 NAME	STEVE EDWARDS	
STREET ADDRESS	10115 ALLENWOOD DR.	2.3 STREET ADDRESS	10237 Allenwood Drive	
CITY-ST-ZIP	RIVERVIEW FL	2.4 CITY-ST-ZIP	Riverview, FL. 33569	
TITLE	T	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	ACHORN, PAT	3.2 NAME	Hilda Shaneman	
STREET ADDRESS	11304 JIM COURT	3.3 STREET ADDRESS	10104 Allenwood Drive	
CITY-ST-ZIP	RIVERVIEW FL	3.4 CITY-ST-ZIP	Riverview, FL. 33569	
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	CAMPO, R.F.	4.2 NAME	Campo R.F.	
STREET ADDRESS	1605 COHAGEWOOD DR.	4.3 STREET ADDRESS	1605 Cohagewood Dr.	
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	Brandon FL.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. Biggers — January 31, 1995 — (813) 677-1596
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043816