

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N22216** (8)

1. Corporation Name

CRISTINA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**10104 ALLENWOOD DRIVE
RIVERVIEW FL 33569
US**

Mailing Address

**%J.M. BIGGERS
10112 ALLENWOOD DR.
RIVERVIEW FL 33569
US**

3. Date Incorporated or Qualified
08/25/1987

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **10252 ALLENWOOD DR**

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23 **RIVERVIEW FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33569** 25 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **MURRAY, HOWARD L.**
82 Street Address (P.O. Box Number is Not Acceptable)
10252 ALLENWOOD DRIVE
83
84 City **RIVERVIEW** 85 Zip Code **FL 33569**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Howard L. Murray

HOWARD L. MURRAY PRESIDENT 1-20-96

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **BIGGERS, JAMES M.**
STREET ADDRESS **10112 ALLENWOOD DR.**
CITY-ST-ZIP **RIVERVIEW FL**

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **MURRAY, HOWARD L.**
1.3 STREET ADDRESS **10252 ALLENWOOD DRIVE**
1.4 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **DVP** ☒ DELETE
NAME **EDWARDS, STEVE**
STREET ADDRESS **10237 ALLENWOOD DRIVE**
CITY-ST-ZIP **RIVERVIEW FL**

2.1 TITLE **DVP** ☐ Change ☒ Addition
2.2 NAME **JE MOROSETTI, JEFFREY E.**
2.3 STREET ADDRESS **10254 ALLENWOOD DRIVE**
2.4 CITY-ST-ZIP **RIVERVIEW, FL 33569**

TITLE **T** ☐ DELETE
NAME **SHANEMAN, HILDA**
STREET ADDRESS **10104 ALLENWOOD DRIVE**
CITY-ST-ZIP **RIVERVIEW FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CAMPO, R.F.**
STREET ADDRESS **1605 COHAGEWOOD DR.**
CITY-ST-ZIP **BRANDON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Howard L. Murray

HOWARD L. MURRAY 1-20-96 813-671-0434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)