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May 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

10104 ALLENWOOD DRIVE
RIVERVIEW FL 33569
US

10252 ALLENWOOD DR
RIVERVIEW FL 33569-5955
US

3. Date Incorporated or Qualified
08/25/1987

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 10112 Allenwood Dr
Suite, Apt. #, etc.

26 10112 Allenwood Dr
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Riverview, FL

28 Riverview, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33569

25 USA

29 33569

30 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

MURRAY, HOWARD L.
01252 ALLENWOOD DR
RIVERVIEW FL 33569

81 Name
Jim Biggers

82 Street Address (P.O. Box Number is Not Acceptable)
10112 Allenwood Drive

83

84 City
Riverview

FL

85 Zip Code
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jim M. Biggers

4-9-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME MURRAY, HOWARD L
STREET ADDRESS 10252 ALLENWOOD DR
CITY-ST-ZIP RIVERVIEW FL

1.1 TITLE Director ☒ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE
NAME MOROSETTI, JEFFREY E
STREET ADDRESS 10254 ALLENWOOD DR
CITY-ST-ZIP RIVERVIEW FL

2.1 TITLE President / D/P ☐ Change ☒ Addition
2.2 NAME Jim Biggers
2.3 STREET ADDRESS 10112 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 Vice President ☐ Change ☒ Addition
3.2 NAME Craig Demask D/P
3.3 STREET ADDRESS 10224 Allenwood Drive
3.4 CITY-ST-ZIP Riverview, FL 33569

TITLE D ☒ DELETE
NAME CAMPO, R.F.
STREET ADDRESS 1805 COHAGEWOOD DR.
CITY-ST-ZIP BRANDON FL

4.1 TITLE Secretary ☐ Change ☒ Addition
4.2 NAME Camille P. Eytcheson #5
4.3 STREET ADDRESS 10265 Allenwood Drive
4.4 CITY-ST-ZIP Riverview, FL 33569

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jim M. Biggers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-97 (813) 677-1596

Date

Daytime Phone # 0046251

CR2E037 (9/96)