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Feb 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N22216 (8)

1. Corporation Name
CRISTINA HOMEOWNERS ASSOCIATION, INC.

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| Principal Place of Business 10112 ALLENWOOD DR. RIVERVIEW FL 33569 US | Mailing Address 10112 ALLENWOOD DR RIVERVIEW FL 33569 US |
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|---|---|
| 2. Principal Place of Business 21 10252 Allenwood Dr Suite, Apt. #, etc. | 2a. Mailing Address 28 P.O. Box 135 Suite, Apt. #, etc. |
| 22 City & State 23 Riverview, FL Zip Country 24 33569 25 Hillsborough | 27 City & State 28 Riverview, FL Zip Country 29 33569 30 Hillsborough |

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| 8. Name and Address of Current Registered Agent BIGGERS, JIM 10112 ALLENWOOD DRIVE RIVERVIEW FL 33569 | 10. Name and Address of New Registered Agent 81 Name Howard L. Murray 82 Street Address (P.O. Box Number is Not Acceptable) 10252 Allenwood Drive 83 84 City Riverview FL 85 Zip Code 33569 |
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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 DATE Jan 14, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|----------------------------|
| TITLE | D | 1.1 TITLE | P/S/D |
| NAME | MURRAY, HOWARD L | 1.2 NAME | |
| STREET ADDRESS | 10252 ALLENWOOD DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERVIEW FL | 1.4 CITY-ST-ZIP | |
| TITLE | PDP | 2.1 TITLE | V/D |
| NAME | BIGGERS, JIM | 2.2 NAME | RODERICK SANDERS |
| STREET ADDRESS | 10112 ALLENWOOD DR. | 2.3 STREET ADDRESS | 11324 MAYBROOK AVE |
| CITY-ST-ZIP | RIVERVIEW FL | 2.4 CITY-ST-ZIP | RIVERVIEW, FL 33569 |
| TITLE | VPD | 3.1 TITLE | D |
| NAME | DEMASK, CRAIG | 3.2 NAME | RAY MCELROY |
| STREET ADDRESS | 10229 ALLENWOOD DR. | 3.3 STREET ADDRESS | 11316 MAYBROOK AVE |
| CITY-ST-ZIP | RIVERVIEW FL | 3.4 CITY-ST-ZIP | RIVERVIEW, FL 33569 |
| TITLE | S | 4.1 TITLE | T |
| NAME | EYCHESON, CAMILLE P | 4.2 NAME | Hilde Shaneman |
| STREET ADDRESS | 10255 ALLENWOOD DRIVE | 4.3 STREET ADDRESS | 10104 ALLENWOOD DR |
| CITY-ST-ZIP | BRANDON FL | 4.4 CITY-ST-ZIP | RIVERVIEW, FL 33569 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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 DATE: Jan 14, 1998 (7)-34ND

CR2E037 (10/97)