FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N22216

(8)

CRISTINA HOMEOWNERS ASSOCIATION, INC.

FILED Feb 05 1998 8:00am Secretary of State

9111011									
Principal Place	e of Business	Mailing Address		-		HE 8111 OFBI BIB11 DI		EN BIBN 4881	
10112 ALLENWOOD OR. 10112 ALLENWOOD DR				-	3. Date Incorporated or Qualified				
rivervie w fl US	33569	RIVERVIEW FL 33569 US			08/25/1987				
00		00		[·	4. FEI Number			plied For	
0.5	10	T 6- 14-91- 4-4			NOT APPLICABLE			ot Applicable	
· 	ace of Business	2a. Mailing Address	126	1 :	5. Certificate of Status Desired		\$ 8.75 / Fee Re	Additional	
21 1025 Sulte, Apt.		26 V.O. Box	135		6. Election Campaign Financing				
22		27			Trust Fund Contribution		\$5.00 N Added to		
City & State City & State Riverview, FL 28 Riverview, FL			J.FL		7. Is this nonprofit corporation a homeowners association? \overline{\ove				
Zip	Country	Zip	Country	0	8. This corporation owes or has p	paid the curren	t year Int	angible	
24 3356	9 25 Hillsburough	20 33568	30 Hillsbon	W	Personal Property Tax due Jur	ne 30. 🔲 🗅	Yes D	No	
	9. Name and Address of Current	Registered Agent			Name and Address of New F	legistered Age	ent		
Name Howard L. Murray									
BICKIERS, JIM 82 Street Address					(P.O. Box Number Is Not Accept		کزیر		
10112 ALLENWOOD DRIVE RIVERVIEW FL 33589					3 8 14 (16)1 (7) DOC	<u>xa 121</u>	77.0-		
AMACHAN	.11 FL 55508		84 City				85 Zip (Code	
			Ja 0119 1	Ki ver	TVIEW	FL	33	569	
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.									
_	m tamiliar with, and accept the obligat	ions of Section 617.0503, F	iorida Statutes.		<u>.</u>	tan 14.	139	Q.	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NO	TE: Registered Agent signature	re required wh		DATE	_171		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF				
TITLE	D	DELETE	1.3 TITLE	P	5 / D	(XX	Change	Addition	
NAME	MURRAY, HOWARD L		1.2 NAME	Ì					
STREET ADDRESS	10252 ALLENWOOD DR		1.3 STREET ADDRESS	ľ					
CITY-ST-ZIP	RIVERVIEW FL	NA priett	1.4 CITY-\$T-ZIP	1 1			Change	Addition	
TITLE	PDP III	DELETE	2.1 TITLE	N I	D de Sandans		Louisiña	Manimum	
NAME	BIGGERS, JIM 10112 ALLENWOOD DR.		2.2 NAME 2.3 STREET ADDRESS	KUD	ERICK Sanders 24 MAYBROOK AI	(I)			
STREET ADDRESS	RIVERVIEW FL		2.4 City-St-ZiP	1 2 3	VERVIEW, FL	33569			
CITY-ST-ZIP TITLE	VPD	DELETE	3.1 TITLE	D	ichtiem (FE	<u> </u>	Change	Addition	
NAME	DEMASK, CRAIG		3.2 NAME		4 MCELROY		_		
STREET ADDRESS	10229 ALLENWOOD DR.		3.3 STREET ADDRESS	l iii	sle may Brook	AUE			
CITY+ST-ZIP	RIVERVIEW FL		3.4. CITY-ST-ZIP	12i	ver view. FL	33569			
TITLE	\$	DELETE	4.1 TITLE	17			Change	Addition	
NAME	EYTCHESON, CAMILLE P		4. 2 NAME	Hil	lde Shaneman				
STREET ADDRESS	10255 ALLENWOOD DRIVE		4.3 STREET ADDRESS	LO	EVERVIEW FL	DR	_		
CITY-ST-ZIP	BRANDON FL_		4.4 CITY-ST-ZIP	R	(VERVIEW, FL	335	49		
TITLE		☐ DELETE	5.1 TITLE			Ц	Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE				Change	Addition	
TITLE NAME			6.2 NAME		•		. Diango		
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP						
14 I hereby c	ertify that the information supplied with	h this filing does not qualify	for the exemption state	ted in Sec	tion 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.									

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