SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

1. Corporation Name

CRISTINA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 10252 ALLENWOOD DR RIVERVIEW FL 33569

Mailing Address P.O. BOX 135 RIVERVIEW FL 33568

US

FILED Aug 03, 1999 8:00 am Secretary of State

08-03-1999 90006 010 ****61.25



		A		3. Date Incorporated or Qualifed		
─ ─ ′	ace of Business	2a. Mailing Address		08/25/1987		
21 1320		26		4. FEI Number	Applied For	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		NOT-APPLICABLE	Not Applicable	
27						
City & State City & State				5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
23 Riverview FC 28			Causta			
」Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
24 3350		29 30) 	Trust Fund Contribution		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
				VIANA RICARDO		
MURRAY, HOWARD L				82 Street Address (P.O. Box Number is Not Acceptable)		
10252 ALLENWOOD DR				11320 Jim CT		
RIVERVIEW FL 33569						
			84 City :		85 Zip Code	
			,	Liverview FL	_ বিবর্তা	
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						
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.						
V = V = V = V = V = V = V = V = V = V =						
SIGNATURE	Cronature, typed or printed pame of registered agen	at and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating) DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TTLE	\$,	Change Addition	
NAME	MURRAY, HOWARD L		1.2 NAME	MURRAY, HOWARD L.		
STREET ADDRESS	10252 ALLENWOOD DR		1.3 STREET ADDRESS	10252 Allenwood Dr		
CITY-ST-ZIP	RIVERVIEW FL		1.4 CITY-ST-ZIP	Riverview, FL 33569	,	
TILE	VD	₩ DELETE	2.1 TITLE		☐ Change ☐ Addition	
1	SANDERS, RODERICK		2.2 NAME			
NAME			2.3 STREET ADDRESS			
STREET ADDRESS	11324 MAYBROOK AVE		. I	com		
CITY-ST-ZIP	RIVERVIEW FL 33569 ~	SL DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	-	☐ Change ☐ Addition	
TITLE		DEDECETE			Cloude Character	
NAME	MCELROY, RAY		3.2 NAME			
STREET ADDRESS	11316 MAYBROOK AVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL 33569		3.4. CITY-ST-ZIP			
TITLE	T .	☐ DELETE	4.1 TITLE	DT (I.) (Change	
NAME	Shaneman, Hilde		4. 2 NAME	Shaneman, Hilde	·	
STREET ADDRESS	10104 ALLENWOOD DR		4.3 STREET ADDRESS	10104 Allenwood DR		
CITY-ST-ZIP	RIVERVIEW FL 33569		4.4 CITY-ST-ZIP	Riverview FL 33569		
πLE	<u> </u>	☐ DELETE	5.1 TITLE	PD	☐ Change	
NAME			5.2 NAME	VIANA, RICARDO	J	
STREET ADDRESS			5.3 STREET ADDRESS	VIANA, RICARDO 11380 Jun CT		
CITY-ST-ZIP		,	5.4 CITY-ST-ZIP	RIVERVIEW FL 3356	7	
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change 【 Addition	
	A CONTRACTOR		6.2 NAME	• •		
STREET ADDRESS	TEM YOUR DOWN TEM YOUR DOWN		6.3 STREET ADDRESS	CADOT, RICHARD 11318 MAYBROCK AVE		
SIKEEI ADUKESS	" sylventur"		6.4 CITY-ST-ZIP	RIVERVIEW FL 3354	ا ۹	
CATY-ST-ZIP 1			vivi vi-Eii	1-4-6-11-11-11-11-11-11-11-11-11-11-11-11-1		

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 chapter, on on an attachment with an address, with all other like empowered.

SIGNATURE:

MESSQUIRED

Daytime Phone #