## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22216

FILED Sep 03, 2004 Secretary of State

Entity Name: CRISTINA HOMEOWNERS ASSOCIATION, INC.

US

**Current Principal Place of Business: New Principal Place of Business:** 11301 BROWNSTONE CT RIVERVIEW, FL 33569 **Current Mailing Address: New Mailing Address:** P.O. BOX 135 P.O. BOX 2721 RIVERVIEW, FL 33568 US RIVERVIEW, FL 33568 US **FEI Number:** FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAWRENCE, MATT MILBURN, ROCKY

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROCKY MILBURN 09/03/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

LANFRANKLE, DENA

10211 ALLENWOOD DR

RIVERVIEW, FL 33569

Name:

Address:

City-St-Zip:

10211 ALLENWOOD DR

RIVERVIEW, FL 33569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

11301 BROWNSTONE COURT

RIVERVIEW, FL 33569

() Change () Addition () Delete MILBURN, ROBERT Name: Name: 11301 BROWNSTONE CT Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete CANFRANK, MATT Name: Name: CAPELLUTO, JAMES Address: 10211 ALLENWOOD DR Address: 11305 MAYBROOK AVENUE City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: (X) Change ( ) Addition WAIGHT, KATHY WRIGHT, KATHY Name: Name: Address: 11313 JIM CT. Address: 11313 JIM CT. City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: (X) Change ( ) Addition Name: MILBURN, ROBERT Name: STANLEY, PAUL 11301 BROWNSTONE CT. 10209 ALLENWOOD DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: RIVERVIEW, FL 33569 Title: Title: (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROCKY MILBURN P 09/03/2004