

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22216

FILED
Sep 03, 2008
Secretary of State

Entity Name: CRISTINA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11305 MAYBROOK AVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

11309 JIM COURT
RIVERVIEW, FL 33569 US

Current Mailing Address:

P.O. BOX 3511
RIVERVIEW, FL 33568 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KILLIAN, BRYAN
11305 MAYBROOK AVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MCGOVERN, DENISE
11309 JIM COURT
RIVERVIEW, FL 33569 US

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: DENISE M.B. MCGOVERN

09/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KILLIAN, BRYAN
Address: 11305 MAYBROOK
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VP () Delete
Name: GARCIA, JOSE
Address: 10253 ALLENWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: T () Delete
Name: BOCK, DAVID
Address: 10244 ALLENWOOD DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: S () Delete
Name: MCGOVER, DENISE
Address: 12440 JIM CT
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCGOVERN, DENISE
Address: 11309 JIM COURT
City-St-Zip: RIVERVIEW, FL 33569 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BROWN, JOY
Address: 11323 JIM COURT
City-St-Zip: RIVERVIEW, FL 33569 US

Title: S (X) Change () Addition
Name: BROWN, JOY
Address: 11323 JIM COURT
City-St-Zip: RIVERVIEW, FL 33569 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: DENISE M.B. MCGOVERN

P

09/03/2008

Electronic Signature of Signing Officer or Director

Date